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05-02-2003 90131 046 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000059830			55049374
1. Entity Name SOUTHEAST LANDSCAPE CONTRACTORS, INC.			
Principal Place of Business 12639 57TH ROAD NORTH ROYAL PALM BEACH FL 33411		Mailing Address 12639 57TH ROAD NORTH ROYAL PALM BEACH FL 33411	
2. Principal Place of Business <i>12639 57th Rd N</i>		3. Mailing Address <i>12639 57th Rd N</i>	
City & State <i>Royal Palm Beach, FL</i>		City & State <i>Royal Palm Beach, FL</i>	
County <i>Palm Beach</i>		County <i>Palm Beach</i>	
Zip <i>33411</i>		Zip <i>33411</i>	
4. Certificate of Status Desired <input type="checkbox"/>		5. Certificate of Status Desired <input type="checkbox"/>	
6. Name and Address of Current Registered Agent CURTIS, JON 12639 57TH ROAD NORTH ROYAL PALM BEACH FL 33411		7. Name and Address of New Registered Agent	
Name CURTIS, JON		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City FL		City FL	
Zip Code		Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of, registered agent.			
SIGNATURE <i>[Signature]</i>		DATE <i>6/10/03</i>	
FILE NOW!! FEE IS \$160.00 After May 1, 2003, Fee will be \$130.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 may be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE President	NAME JON A. CURTIS	TITLE	NAME
STREET ADDRESS 12639 57th Rd N	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP Royal Palm Beach FL 33411	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or trustee or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like employees.			
SIGNATURE: <i>[Signature]</i>		DATE: <i>4/25/03</i>	
SIGNATURE RECEIVED BY PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR		DATE	