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

P02000062008

**DOCUMENT #** 

## FILED Jun 09, 2003 8:00 am **Secretary of State**

05-01-2003 90293 036 \*\*\*150.00

L'AGOON LANDSCAPE AND LAWN, INC. 44003645 Principal Place of Business Mailing Address 1811 AIRES ST. 1811 AIRES ST. SEBASTIAN FL 32958 SEBASTIAN FL 32958 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State Applied For 4. FEI Number City & State 45-047 Not Applicable Zip / Country Zin Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CONLEY, RANDALL L Street Address (P.O. Box Number is Not Acceptable) 1811 AIRES ST. SEBASTIAN FL 32958 City 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 famillar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstitting) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CR2E034 (10/02) ☐ Addition TITLE Delete TITLE NAME CONLEY, RANDALL I MARKE STREET ADDRESS STREET ADDRESS 1811 AIRES ST. SEBASTIAN FL 32958 CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition NAME CONLEY, RANDALL L NAME STREET ADDRESS STREET ADORESS 1811 AIRES ST. CITY-ST-ZIP\* CITY-ST-ZIP SEBASTIAN FL-32958 TITLE TITLE Change Addition Addition NAME CONLEY, RANDALL L. NAME STREET ADDRESS STREET ADDRESS 1811 AIRES ST. CITY-ST-ZIP SEBASTIAN FL 32958 CITY-ST-ZIP TITI F ☐ Deleta TITLE ☐ Change Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). 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 the receiver of 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 empowered.

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