

FILED
Aug 25, 2003 8:00 am
Secretary of State

7/21/200

07-21-2003 90131 015 ***150.00

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

DOCUMENT # P02000063488

1. Entity Name
SEDLAK LANDSCAPE MANAGEMENT, INC.

Principal Place of Business
 5808 GENERAL DRIVE
 JUPITER, FL 33458

Mailing Address
 5808 GENERAL DRIVE
 JUPITER, FL 33458

2. Principal Place of Business
 State, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 State, Apt. #, etc.
 City & State
 Zip Country

4. Name and Address of Current Registered Agent
CORPORATE CREATIONS NETWORK INC
 301 4TH STREET
 NASSAU BEACH, FL 33139

Name
 Street Address
 City

5. The above named entity executes this statement for the purpose of changing its registered office or agent or the qualifications of registered agent.

SIGNATURE
 [Redacted Signature]

6. Election Campaign Financing
 Trust Fund Contribution \$5.00 May Be Added to Fee

TO: OFFICERS AND DIRECTORS		TT:	
TITLE	<input type="checkbox"/> Date	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Address
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Date	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Address
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Date	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Address
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Date	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Address
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	

7. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 190.07(2)(b), Florida Statutes, 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 empowered to execute this report as required by Chapter 190, 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 the empowered.

SIGNATURE: [Signature] Date: 7-12-03

55054847

CHECK HERE IF AMONG CHANGES

4. Fee Number **75-3068404** Applied For Each Application

5. Certificate of Status Order \$5.75 Additional Fee Required

7. Name and Address of New Registered Agent

(P.O. Box Number is Not Acceptable)

FL Zip Code

and Agent, or both, in the State of Florida. I am familiar with, and accept

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Comp-tax of the Palm Beaches, Inc.

2781 Hinda Road ~ ~ Lake Park, FL 33403 ~
Phone (561) 844-5090

August 21, 2003

Division of Corporations
Uniform Business Report Filings
P. O. Box 1500
Tallahassee, FL 32302-1500

55054847

Re: Account # P02000063488

Dear Sir:

I called your office after discovering that my new business client did not have a copy of the Florida Uniform Business Report and checked the website and saw that the corporation status was inactive. Your office instructed me to download the form from your web site, complete and send with \$150.00 filing fee. This being the first year of the corporation my client was unaware of the annual filing of the Uniform Business Report. Please forgive his negligence. Thank you.

Sincerely,

TB

Theresa B. Cleary
CPA

Enclosure