

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 21, 2003 8:00 am
Secretary of State

04-28-2003 90976 048 ***150.00

DOCUMENT # P02000065144

1. Entity Name
ORLANDO GARDEN & LANDSCAPING CO.



Principal Place of Business
**1086 REDMAN STREET #D
ORLANDO FL 32839**

Mailing Address
**1086 REDMAN STREET #D
ORLANDO FL 32839**



2. Principal Place of Business

149 Honeywood Dr
Suite, Apt. #, etc.

3. Mailing Address

149 Honeywood Dr
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
Kissimmee Florida

City & State
Kissimmee Florida

4. FEI Number
56-2200789

Applied For
☐ Not Applicable

Zip
34743

Country
Osceola

Zip
34743

Country
Osceola

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RAMIREZ, EDER
1086 REDMAN STREET #D
ORLANDO FL 32839

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RAMIREZ, EDER E 1086 REDMAN STREET #D ORLANDO FL 32839	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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)(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 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 empowered.

SIGNATURE: **SIGNATURE REQUIRED** EDER RAMIREZ 07/18/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)