

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P02000066167

FILED
Apr 28, 2003
Secretary of State

Entity Name: PRIME LANDSCAPING, INC.

Current Principal Place of Business:

401 ALBEE RD
NOKOMIS, FL 34275

New Principal Place of Business:

Current Mailing Address:

401 ALBEE RD
NOKOMIS, FL 34275

New Mailing Address:

FEI Number: 01-0719715

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PABLO, JUSTIN
401 ALBEE RD
NOKOMIS, FL 34275

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PABLO, JUSTIN
Address: 401 ALBEE RD
City-St-Zip: NOKOMIS, FL 34275

Title: V (X) Delete
Name: SENTER, THOMAS
Address: 2426 N CRANBERRY BLVD
City-St-Zip: NORTH PORT, FL 34287

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V () Change (X) Addition
Name: KARTER, BRIAN
Address: 796 BAYSHORE RD.
City-St-Zip: NOKOMIS, FL 34275

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUSTIN PABLO

P

04/28/2003

Electronic Signature of Signing Officer or Director

Date