

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

7/14/

07-14-2003 90330 026 \*\*\*150.00

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

DOCUMENT # P02000086202

1. Entity Name  
LAND ART LANDSCAPING, INC.

Principal Place of Business  
1624 ELMSTEAD CT.  
ORLANDO, FL 32824

Mailing Address  
1624 ELMSTEAD CT.  
ORLANDO, FL 32824

2. Principal Place of Business

3. Mailing Address

Subs. Apt. #, etc.

Subs. Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

A. FEI Number 55-0791069 Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent

GONZALEZ, ADAN  
1624 ELMSTEAD CT.  
ORLANDO, FL 32824

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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 any) (SEE: Registered Agent signature required when changing)

DATE

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

**10. OFFICERS AND DIRECTORS**

|                |                   |                                 |
|----------------|-------------------|---------------------------------|
| TITLE          | PD                | <input type="checkbox"/> Delete |
| NAME           | GONZALEZ, ADAN    |                                 |
| STREET ADDRESS | 1624 ELMSTEAD CT. |                                 |
| CITY-ST-ZIP    | ORLANDO, FL 32824 |                                 |
| TITLE          | VD                | <input type="checkbox"/> Delete |
| NAME           | GONZALEZ, BANESA  |                                 |
| STREET ADDRESS | 1624 ELMSTEAD CT. |                                 |
| CITY-ST-ZIP    | ORLANDO, FL 32824 |                                 |
| TITLE          |                   | <input type="checkbox"/> Delete |
| NAME           |                   |                                 |
| STREET ADDRESS |                   |                                 |
| CITY-ST-ZIP    |                   |                                 |
| TITLE          |                   | <input type="checkbox"/> Delete |
| NAME           |                   |                                 |
| STREET ADDRESS |                   |                                 |
| CITY-ST-ZIP    |                   |                                 |
| TITLE          |                   | <input type="checkbox"/> Delete |
| NAME           |                   |                                 |
| STREET ADDRESS |                   |                                 |
| CITY-ST-ZIP    |                   |                                 |

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

|                |  |                                                                   |
|----------------|--|-------------------------------------------------------------------|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |                                                                   |
| STREET ADDRESS |  |                                                                   |
| CITY-ST-ZIP    |  |                                                                   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |                                                                   |
| STREET ADDRESS |  |                                                                   |
| CITY-ST-ZIP    |  |                                                                   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |                                                                   |
| STREET ADDRESS |  |                                                                   |
| CITY-ST-ZIP    |  |                                                                   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |                                                                   |
| STREET ADDRESS |  |                                                                   |
| CITY-ST-ZIP    |  |                                                                   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |                                                                   |
| STREET ADDRESS |  |                                                                   |
| CITY-ST-ZIP    |  |                                                                   |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(5)(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 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: X

Signature and Title or Print Name of Signing Officer or Director

Date

Signature

55054681

7-9-03

407-448-4433

ATTACHMENT  
# P02000086202  
55054081

August 19, 2003

Florida Department of State  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL. 32302-1500

Subject: UBR

This letter is in reference to the prior correspondence concerning our non receipt of the first annual business report. ~~We contacted the Division of Corporations and explained to the agent that we had not received the report. She instructed us to fill out a blank~~ UBR and attach a statement stating the fact of non receipt of UBR. Thank you for your cooperation concerning this matter.



Adan Gonzalez