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

## P02000100438 **DOCUMENT #**

1. Entity Name

PRO-LINE LANDSCAPING SERVICES INC.



## **FILED** Mar 11, 2003 8:00 am Secretary of State 03-11-2003 90149 001 \*\*\*150.00

Special proper or printed name of anguited agent and take if applicable.   (NOTE: Registered Agent agent and reinstatung)   DATE			20, 1140.				03-11-2003	90149 002	*****8.	75
Suite, Apt. #, etc.    City & State   City & City	3246 TROTTING HORSE PLACE 3246 TROTTING HORSE						1 (50 (140) (1) 40) (4 (14) 40) (4	<b>.</b>	11 5511, 6155	E (1184 1814 484)
Suite, Apt. #, etc.    City & State	2. Principal Pla	ace of Business	3. Mailing Address	\$						
City & State  Name and Address of Current Registered Agent  Name  Note: Applicable  Street Address (PO. Sox Number is Not Acceptable)  City & FL  Zip Code  The City of State of Status Desired Agent  Name  Name  Name  Name  Name  Name  Name  Note: Applicable  Name  Name  Note: Applicable  Name  Note: Applicable  Name  Name  Note: Applicable  Name  Note: Applicable  Name  Note: Applicable  Name  Name  Name  Note: Applicable  Name  Note: Applicable  Name  Name  Name  Name  Note: Applicable  Name  N	· · · · · · · · · · · · · · · · · · ·		,	<b>,</b>						
Zip Country Zip Country	Suite, Apt. #, etc.		Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES			
S. Hame and Address of Current Registered Agent  S. Hame and Address of Current Registered Agent  7. Name and Address of New Registered Agent  8. Po above named entity submits this statement for the purpose of changing its registered office of New Registered Agent and Name	City & State		City & State				4. FEI Number 55 - 0795 3	384		
SELBY, JOE  3246 TROTTING HORSE PLACE JACKSONVILLE FL 32225  8. The above named entity submits this statement for the purpose of changing its registered diffice of vagilitations of registered agent.  6. The above named entity submits this statement for the purpose of changing its registered diffice of vagilitations of registered agent.  6. The above named entity submits this statement for the purpose of changing its registered diffice of vagilitations of registered agent.  8. The above named entity submits this statement for the purpose of changing its registered diffice of vagilitations of registered agent.  8. The above named entity submits this statement for the purpose of changing its registered diffice of vagilitation in the State of Fronda. I am familiar with, and accept the children of registered agent.  8. Election Campaign Financing Institute Contribution.  9. Election Campaign Financing Added to Fees and Diffice Trial agent and the free latest agent agent agent and the free latest agent	Zip			Count	try			<b>∀∕ \$8</b>	3.75 Add	ditional
SELBY, JOE  3246 TROTTING HORSE PLACE  JACKSONVILLE FL 32225  City R FL Zip Code  Code  Code  Code  Compage Financing State  City Signer Addition  City R City Signer  City Signer Addition  City Signer Addition  City R City Signer  City Signer Addition  City Signer Add		6. Name and Address of Curre	nt Registered Agent				7. Name and Address of New F			
3246 TROTTING HORSE PLACE JACKSONVILLE FL 32225  City R FL Zip Code  8. **Pie above named entity submits this statement for the purpose of changing its registered office or legistered agent, or both, in the State of Fiorida. I am familiar with, and accept the collegations of registered agent.  SIGNATURE  **SIGNATURE**	SELBY IO	F			Name		1			
6. The above named entity submits this statement for the purpose of changing its registered office or lagistered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent and time if suplication.    SIGNATURE	3246 TROT	ITING HORSE PLACE		Street Address (			P.O. Box Number is Not Acceptable)			
B. The above named entity submits this statement for the purpose of changing its registered office or legistered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    SIGNATURE	JACKSON	/ILLE FL 32225								
SIGNATURE    SIGNATURE	<u>.                                    </u>				,	R			·	
## Change   Delete   TITLE   NAME   Delete   TITLE   NAME   STREET ADDRESS   CITY-ST-ZP   TITLE   NAME   Delete   TITLE   NAME	*8. The above n the obligation	named entity submits this statement ons of registered agent.	for the purpose of chang	ging its registere	d office o	registered	d agent, or both, in the State of Fid	orida. I am fam	iliar with,	and accept
FILE NOW!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  MAME  STREET ADDRESS  CITY-ST-ZP  TITLE  O Delete  TITLE  O DELETE ADDRESS  OTTY-ST-ZP  TO DELETE ADDRESS  OTTY-ST-ZP  TO DELETE ADDRESS  OTTY-ST-ZP  TITLE  O DELETE  O DELETE  TITLE  O DELETE  TITLE  O DELETE  TITLE  O DELETE  O DELETE  TITLE  O DELETE  TITLE	SIGNATURE _				•		•			
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OH 31-EI	TITLE NAME STREET ADDRESS		☐ Delete	NAME	ADDRESS				Change	☐ Addition
	CITY-ST-ZIP	tify that the information supplied with	th this filing days not				440.00(0)(0)			

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.