Amended

05-14-2003 90139 002 ***150.00
P02000100438

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
03 JUN -9 PM 1:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000100438

1. Entity Name
PRO-LINE LANDSCAPING SERVICES, INC.

Principal Place of Business	Mailing Address
3246 TROTTING HORSE PLACE JACKSONVILLE, FL 32225	3246 TROTTING HORSE PLACE JACKSONVILLE, FL 32225

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 55-0795384 — Applied For / Not Applicable

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
SELBY, JOE 3246 TROTTING HORSE PLACE JACKSONVILLE, FL 32225	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 $150.00
After May 1, 2003 Fee will be $550.00
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

TITLE	PS	☐ Delete
NAME	SELBY, LISA ROMERO	
STREET ADDRESS	3246 TROTTING HORSE PL	
CITY-ST-ZIP	JACKSONVILLE, FL 32225	
TITLE	VP	☐ Delete
NAME	SELBY, JOSEPH P	
STREET ADDRESS	3246 TROTTING HORSE PL	
CITY-ST-ZIP	JACKSONVILLE, FL 32225	
TITLE	VP	☐ Delete
NAME	SELBY, DANIEL E	
STREET ADDRESS	234 MYRA ST.	
CITY-ST-ZIP	NEPTUNE BEACH, FL	
TITLE	VP	☒ Delete
NAME	CONRAD, GENE G	
STREET ADDRESS	283 DONDANVILLE RD.	
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32080	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

Please delete Mr. Gene Conrad as V.P. effective 4/21/03
Thank You. TS

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] 4/21/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)