

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91771 017 ***150.00

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

DOCUMENT # P02000108622

1. Entity Name
LANDSCAPING UNLIMITED, INC.



90128784

Principal Place of Business
**1907 COMMERCE LANE
SUITE 104
JUPITER, FL 33458**

Mailing Address
**1907 COMMERCE LANE
SUITE 104
JUPITER, FL 33458**

2. Principal Place of Business
9317 Birmingham Lane

3. Mailing Address
P.O. Box 7476



☒ CHECK HERE IF MAKING CHANGES

City & State
Palm Beach Gardens, FL

City & State
WEST PALM BEACH, FL

4. FEI Number
65-0800115

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

6. Name and Address of Current Registered Agent

**MALLORY, EARL K
1907 COMMERCE LANE
SUITE 104
JUPITER, FL 33458**

7. Name and Address of New Registered Agent
Name **Jane C Pike**
Street Address (P.O. Box Number is Not Acceptable) **18838 N. Osprey Way**
City **Jupiter** FL Zip Code **33458**

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 **Jane C Pike** **4/24/2003**
(NOTE: Registered Agent's signature required when electing)

**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 Funds Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	THOMAS, JEFFREY A	
STREET ADDRESS	9317 BIRMINGHAM DRIVE	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P, S, T, D	<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(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: **Jeff Thomas** **4/30/03** **561-644-3088**
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone

CR2E034 (10/02)