2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT#

P02000108754

1. Entity Name YARDSCAPES, INC.



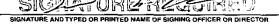
FILED May 02, 2003 8:00 am g Secretary of State

05-02-2003 90187 032 ***150.00

				GO WE THE					
Principal Place of Business 23462 PATERA AVENUE PORT CHARLOTTE FL 33980-8737		Mailing Address 23462 PATERA AVENUE PORT CHARLOTTE FL 33980-8737							### ###
2. Principal Place of Business		3. Mailing Address							UNI DIRI IDDI
Suite, Apt. #, etc.		Suite, Apt. #, etc.				☐ CHECK HERE IF M	aking C	HANGES	
City & State		City & State			4. F	4. FEI Number			
Zip Country		Zip		Country	5 . C		\$	8.75 Add e Required	
	6. Name and Address of Curren	Registered A	gent		7. · · N	ame and Address of New Regis	tered Ag	ent	
· -	<u>- </u>			Name					
GOLDSTEIN, DAVID B 23462 PATERA AVENUE				Street Addres	Street Address (P.O. Box Number is Not Acceptable)				
PORT CHARLOTTE FL 33980-8737									
				City			FL	Zip Code	
	med entity submits this statement f s of registered agent.	or the purpose of	of changing its re	gistered office or regis	stered age	ent, or both, in the State of Florida	. I am far	niliar with,	and accept
SIGNATURE	nature, typed or printed name of registered agen	t and title it applicable). (NOTE: R	egistered Agent signature requ	uired when rei	nstating)	DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State						Election Campaign Financi Trust Fund Contribution.	ng	\$5.0 (Added	May Be to Fees
10.	OFFICERS AND	DIRECTORS		11.	ADI	DITIONS/CHANGES TO OFFICER	S AND C	IRECTORS	3 IN 11
NAME GO	DLDSTEIIN, DAVID B 462 PATERA AVENUE DRT CHARLOTTE FL 33980-87		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition
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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:



941-629-4267