

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90503 037 ***150.00

DOCUMENT # P02000110693

1. Entity Name

KELLI GREEN LANDSCAPING, INC.



Principal Place of Business

P.O. BOX 2548
GOLDENROD FL 32733

Mailing Address

P.O. BOX 2548
GOLDENROD FL 32733

2. Principal Place of Business

many / accounts.
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 2548 Goldenrod FL 32733
Suite, Apt. #, etc.

City & State

Goldenrod Florida

Zip

Country

32733

Country

USA

4. FEI Number

59-3570531

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

TODTENHAGEN, KENNETH P
1007 CHESTERFIELD CIRCLE
WINTER SPRINGS FL 32708

7. Name and Address of New Registered Agent

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]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-25-2003

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 *President* ☐ Delete
NAME *Ken Todtenhagen*
STREET ADDRESS *1007 chesterfield circle*
CITY-ST-ZIP *Winter Springs FL 32708*

TITLE *Kelli Todtenhagen* ☐ Delete
NAME *Vice President*
STREET ADDRESS *1007 chesterfield circle*
CITY-ST-ZIP *Winter Springs FL 32708*

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-2003

Date

407-699-8976

Daytime Phone #

CR2E034 (10/02)