

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 22, 2003 8:00 am**  
**Secretary of State**

01-22-2003 90048 026 \*\*\*150.00

**DOCUMENT # P02000119846**

1. Entity Name  
**21ST CENTURY LANDSCAPING DESIGN & LAWN SERVICE, INC.**



Principal Place of Business  
**1333 WEST MANGO ST  
LANTANA FL 33462**

Mailing Address  
**1333 WEST MANGO ST  
LANTANA FL 33462**



2. Principal Place of Business  
**1333 West Mango St**  
Suite, Apt. #, etc.

3. Mailing Address  
**P.O. Box 3204**  
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State  
**Lantana, FL**  
Zip  
**33462**

Country  
**USA**

City & State  
**Lantana, FL**  
Zip  
**33465-3204**

Country  
**USA**

4. FEI Number  
**03-0490872**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**ESCOBAR, NOE  
1333 WEST MANGO ST  
LANTANA FL 33462**

7. Name and Address of New Registered Agent

Name  
**Noe Escobar**  
Street Address (P.O. Box Number is Not Acceptable)  
**1333 West Mango St**  
City  
**Lantana** FL Zip Code  
**33462**

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.

**Noe Escobar**

**01-17-03**

(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  
**PT** ☐ Delete  
NAME  
**ESCOBAR, NOE**  
STREET ADDRESS  
**1333 WEST MANGO ST**  
CITY-ST-ZIP  
**LANTANA FL 33462**

TITLE  
**VS** ☐ Delete  
NAME  
**VELASQUEZ, JUAN G**  
STREET ADDRESS  
**1333 WEST MANGO ST**  
CITY-ST-ZIP  
**LANTANA FL 33462**

TITLE  
**D** ☐ Delete  
NAME  
**ESCOBAR, NOE**  
STREET ADDRESS  
**1333 WEST MANGO ST**  
CITY-ST-ZIP  
**LANTANA FL 33462**

TITLE  
**D** ☐ Delete  
NAME  
**VELASQUEZ, JUAN G**  
STREET ADDRESS  
**1333 WEST MANGO ST**  
CITY-ST-ZIP  
**LANTANA FL 33462**

TITLE  
☐ Delete  
NAME  
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STREET ADDRESS  
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CITY-ST-ZIP  
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TITLE  
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NAME  
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CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 persons empowered.

**SIGNATURE: REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**01-17-03 (561) 642-1615**

Date Daytime Phone #

CR2E034 (10/02)