

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000120544

1. Entity Name
GULF COAST LANDSCAPING & TREES, INC.



05 APR 19 PM 12:22

Principal Place of Business
2501 64TH STREET N.
ST. PETERSBURG, FL 33710

Mailing Address
2501 64TH STREET N.
ST. PETERSBURG, FL 33710

2. Principal Place of Business
4301 West San Juan Street
Suite, Apt. #, etc.

3. Mailing Address
4301 West San Juan
Suite, Apt. #, etc.

REINSTATEMENT

03222005 REIN-P

CR2E698 (6/04)

214-05

City & State
Tampa, FL

City & State
Tampa, FL

4. FEI Number
14-1856246

Applied For
Not Applicable

Zip
33629

Country
US

Zip
33629

Country
US

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

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145

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 \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME PSTD
STREET ADDRESS WICHLANSKI, ANTHONY K
CITY- ST- ZIP 2501 64TH STREET N.
ST. PETERSBURG, FL 33710 ☐ Delete

TITLE
NAME
STREET ADDRESS 6010 SOUTH 2ND STREET
CITY- ST- ZIP TAMPA, FLORIDA 33611 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP 500053925485
05/05/05--01063--027 ***300.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
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 like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/14/05 813-244-4510

65