2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000120544

1. Entity Name

GULF COAST LANDSCAPING & TREES, INC.



FILED Jan 23, 2003 8:00 am Secretary of State

01-23-2003 90059 042 ***150.00

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Principal Plac	ce of Busines	S	Mailir	ng Address							
2501 64TH STREET N.			2501 64TH STREET N.				~				
ST. PETERSBURG FL 33710			ST. F	PETERSBURG FL 3371	10						
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2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
On a contract of			0, 00, 00								
City & Stat	te		City	City & State			4.	FEI Number			oplied For
Zip Country			Zip Cou			- 3		14-1856246			ot Applicable
ZIβ		Country		'	Countr	У	5.	Certificate of Status Desired	\$8.75 Additional Fee Required		
	6 Name	and Address of Current	t Register	Registered Agent			7. Name and Address of New Registered Agent				
-\$-	o. Hame	and Address of Carren	t negister	eu Agein		Name	7	italie aliu Address of New neg	istereu Ag	ent	
SDIEGEL I	& UTRERA,	ÐΛ		7,3,1,			·				
		r. .		· .			Street Address (P.O. Box Number is Not Acceptable)				
1840 SW					H						
4TH FLOO)R										
Miami Fl	33145								FL	Zip Cod	e
										'	
	e named entity tions of regist		or the purp	cose of changing its	registered	d office or regis	stered ag	ent, or both, in the State of Florid	a. I am fan	niliar with,	and accept
are obligat	ions of regist	ered agent.									
SIGNATURE											
		or printed name of registered agen	t and title if app	plicable. (NOTE	E: Registered	Agent signature requ	uired when re	einstating)	DATE		
9	ILE NOWII	! FEE IS \$150.00									
		3 Fee will be \$550.00						9. Election Campaign Finan			May Be
		Florida Department o						Trust Fund Contribution.		Added	to Fees
10.		OFFICERS AND		DRS	11.		ΔΓ	L DDITIONS/CHANGES TO OFFICE	RS AND D	IBECTOR!	S IN 11
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2. I nereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.0/(3)(i), Florida Statutes. 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

1-20-03

Daytime Phone #

R2E034 (10/02)