## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

Mailing Address

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

**UNIT 210** TAMPA FL 33606

301 W. PLATT STREET ...

## **DOCUMENT #** P02000124255

1. Entity Name

Principal Place of Business

2. Principal Place of Business

SPIEGEL & UTRERA, P.A.

1840 SW 22ND ST. 4TH FLOOR MIAMI FL 33145

12933 LAKE VISTA DRIVE

Suite, Apt. #, etc.

City & State

Zip

SIGNATURE

GIBSONTON FL 33534

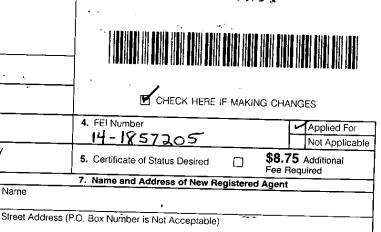
ON THE GREEN LAWN CARE & LANDSCAPE MANAGEMENT, NC.



## FILED Jan 13, 2003 8:00 am Secretary of State

01-13-2003 90071 007 \*\*\*150.00

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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

City

(NOTE: Registered Agent signature required when reinstating)

Country

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00

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

Country

6. Name and Address of Current Registered Agent

9. Election Campaign Financing Trust Fund Contribution.

Added to Fees

Zip Code

\$5.00 May Be Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PSTD TITLE ☐ Delete TITLE riggio, James R ☐ Channe Addition NAME 12933 LAKE VISTA DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP GIBSONTON FL 33534 CITY-ST-ZIP TITLE ☐ Delete TITLE NAME RAMANO, JIMMIE F JR. Addition ROMANO, JIMMIE F JR. 12933 LAKE VISTA DRIVE NAME STREET ADDRESS 12933 LAKE VISTA DRIVE STREET ADDRESS CITY-ST-ZIP GIBSONTON FL 33534 CITY-ST-ZIP GIBSONTON FL 33534 TITLE ☐ Delete TITLE NAME ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change NAME ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:



CR2E034 (10/02)