

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90146 010 ***150.00

DOCUMENT # P0360015257	
1. Entity Name Extreme Landscaping & Lawn Care	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 4024 Bothwell Terr.	3. Mailing Address 4024 Bothwell Terr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

50047234

DO NOT WRITE IN THIS SPACE

City & State Tall, FL 32317	City & State Same	4. FEI Number 30-0320345	Applied For ☐
Zip 32317	Country U.S.A	Zip same	Country same
		5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current 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 of officer or printed name of registered agent and fees I accept.

NOTE: Registered Agent signature required when renouncing.

DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

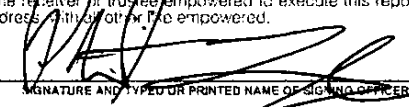
9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Owner, Patrick Tournay 4024 Bothwell Terr. Tall, FL 32317	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

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 on an attachment with an address with which I am empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)