

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

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90069 038 ***150.00

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| DOCUMENT # P04000086361 | |
| 1. Entity Name | |
| METICULOUS LANDSCAPING AND LAWN CARE, INC. | |

DO NOT WRITE IN THIS SPACE

| | | | |
|---|----------------|---------------------------|----------------|
| 2. Principal Place of Business 16201 OPAL CREEK DRIVE | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State WESTON, FL | | City & State | |
| Zip 33331 | Country | Zip | Country |

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| | | | |
|--|--|--|--|
| 4. FEI Number 04-3793122 | | Applied For <input checked="" type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

| | |
|---|--------------------------|
| Name RAMIREZ, FRANCY | |
| Street Address (P.O. Box Number is Not Acceptable) 16201 OPAL CREEK DRIVE | |
| City WESTON | Zip Code 33331 |

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. (NOTE: Registered Agent signature required when reinstating) 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 ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

| | |
|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D RAMIREZ, ERIC, M 16201 OPAL CREEK DRIVE WESTON, FL. 33331 |
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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 all other like empowered.

SIGNATURE

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #