

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 06, 2005 8:00 am
Secretary of State

08-11-2005 90005 025 ***150.00

DOCUMENT # P04000087085						
1. Entity Name UDELL'S LANDSCAPE SERVICES, INC.						
Principal Place of Business 117 FLORIDA PARK DR. PALM COAST, FL 32137			Mailing Address 14A LOUISVILLE DR. PALM COAST, FL 32137			
2. Principal Place of Business			3. Mailing Address			
Suite, Apt. #, etc.			Suite, Apt. #, etc.			
City & State			City & State			
Zip		Country		Zip		
Country		Country		07072005 Chg-P CR2E034 (10/03)		
4. FEI Number 80-0110596				☒ Applied For ☐ Not Applicable		
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			
UDELL, COREY J 14A LOUISVILLE DR PALM COAST, FL 32137			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)						
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees Trust Fund Contribution.				
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 STREET ADDRESS CITY - ST - ZIP	PRES UDELL, COREY J 117 FLORIDA PARK DR. PALM COAST, FL 32137		☐ 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	
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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)(f), 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: <u>Corey Udell</u> SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR						
Date _____ Daytime Phone # _____						

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