

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2002 8:00 am
Secretary of State

01-15-2002 90029 040 ***150.00

DOCUMENT # P93000004354

1. Entity Name

SOUTH FLORIDA LANDSCAPE COMPANY, INC.

Principal Place of Business

**847 TYLER STREET
 HOLLYWOOD FL 33019
 US**

Mailing Address

**847 TYLER STREET
 HOLLYWOOD FL 33019
 US**

2. Principal Place of Business

South Florida Landscape

Suite, Apt. #, etc.

847 Tyler Street

Hollywood, FL

33019

USA

3. Mailing Address

South Florida Landscape

Suite, Apt. #, etc.

847 Tyler Street

Hollywood, FL

33019

USA

4. FEI Number

65-0389956

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**COX, BRIAN K
 847 TYLER STREET
 HOLLYWOOD FL 33019**

7. Name and Address of New Registered Agent

Name **Brian K. Cox**

Street Address (P.O. Box Number is Not Acceptable)

847 Tyler Street

City **Hollywood, FL**

FL

Zip Code **33019**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **PSTD** ☐ Delete
 NAME **COX, BRIAN K**
 STREET ADDRESS **847 TYLER STREET**
 CITY-ST-ZIP **HOLLYWOOD FL 33019**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/02
 Date

954-680-1825
 Daytime Phone #

CR2E034 (9/01)