

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2003 8:00 am**  
**Secretary of State**

04-24-2003 90157 002 \*\*\*150.00

0166421 AV

**DOCUMENT # P93000004354**

1. Entity Name  
**SOUTH FLORIDA LANDSCAPE COMPANY, INC.**



Principal Place of Business  
**SOUTH FLORIDA LANDSCAPE  
847 TYLER STREET  
HOLLYWOOD FL 33019  
US**

Mailing Address  
**SOUTH FLORIDA LANDSCAPE  
847 TYLER STREET  
HOLLYWOOD FL 33019  
US**



2. Principal Place of Business

3. Mailing Address

**847 Tyler Street**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**847 Tyler Street**

City & State  
**Hollywood, FL**

City & State  
**Hollywood, FL**

4. FEI Number **65-0389956**

Applied For  
Not Applicable

Zip Country  
**33019 Broward**

Zip Country  
**33019 Broward**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name **Brian K. Cox**  
Street Address (P.O. Box Number is Not Acceptable)  
**847 Tyler Street**  
City **Hollywood** 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD COX, BRIAN K 847 TYLER STREET HOLLYWOOD FL 33019</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 11 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

**4/15/03**

**954-680-1825**

Date

Daytime Phone #

CR2E034 (10/02)