2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with ar

SIGNATURE:

May 01, 2000 8:00 am Secretary of State DOCUMENT # P93000025220 1. Entity Name ECOLOGY LANDSCAPING, INC. 05-01-2000 90063 018 ***150.00 Principal Place of Business Mailing Address 3137 57TH AVE CIR EAST 3137 57TH AVE CIR EAST **BRADENTON FL 34203 BRADENTON FL 34203-5327** A0058568 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2627132 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PUHALY, STEVEN M Street Address (P.O. Box Number is Not Acceptable) 3910 LINWOOD ST SARASOTA FL 34332 City 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. SIGNATURE DATE 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. D TITLE ☐ Delete TITLE ☐ Change ☐ Addition PUHALY, STEVEN NAME NAME STREET ADDRESS STREET ADDRESS 3137 57TH AVE CIR E CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34203** ☐ Delete TITLE ☐ Change ☐ Addition TITLE PUHALY, STEVEN M NAME NAME STREET ADDRESS 3137 57TH AVE CIR E STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34203** manager and a second ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME MARAF STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

FILED