SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000001195 (4)

U-C LANDSCAPING INC.

FILED Sep 17 1997 8:00am Secretary of State



Principal Plac	ce of Busines	S	Ma	ailing Address			a indinat iin inte greit gettt dettt beitt beift bist lifte fåibl dill fbil		
12201 N.W. 35TH ST. CORAL SPRINGS FL 33065				12201 N.W. 35TH ST. CORAL SPRINGS FL 33065					
OUTHE OF THE	1100 16 0000	•	v	UNAL SPAINUS PL 3	1000		DO NOT WE	RITE IN THIS SPACE	
							3. Date Incorporated or Qualific		
						,	01/06/1994	06/12/1	•
2. Principal Place of Business				2a. Mailing Address			4. FEI Number		Applied For
21				26 1535 NW. 100 DR.			65-0459868	<u> </u>	Not Applicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.				rn \$8.	75 Additional
22			27				5. Certificate of Status Desired	1 1	ee Required
City & State				City & State			6. Election Campaign Financing	\$5	.00 May Be
23				28 CORALDPINGS FT.			Trust Fund Contribution Added to Fees		
Zip		Country		Zipックハワイ	Courit	У	8. This corporation owes or has	paid the current ye	ar Intangible
24]		25	29	22011	30		Personal Property Tax due J		□ No
		and Address of	Current Regist	lered Agent		т	10. Name and Address of New	Registered Agent	
	JRRĄY, LAU				8	Name			
	201 N.W. 35				8:	Street Add	ress (P.O. Box Number is Not Acces	(aldetr	
CC)ral sprin	GS FL 33065			-	15	35 11W. 100	DR.	
					8:	3			· · · · · · · · · · · · · · · · · · ·
									
					84	City Cox	PAC SODIALDE	FL 85	Zip Code
11. Pursuant	to the provisi	ions of Sections 6	607.0502 and 60	07.1508, Florida State	utes, the above	/e-named corr	poration submits this statement for the	o purpose of shape	ing its registered
OTHER OF	registered ag	ient, or both, in th	ie State of Florio	la Such change was , Section 607.0505, f	s authorized b	ov the corporat	tion's board of directors. I hereby ac	cept the appointmen	nt as registered
SIGNATURE	Signature, typed	or printed name of regis	stered agont and title I	II applicable. (NO	DTE: Registered A	gent signature requi	red when reinstating)	DATE	
12.		OFFICE	RS AND DIREC		13.		ADDITIONS/CHANGES TO OF		TORS IN 12
TITLE	D			DELETE	1.1 TITLE			☐ Cha	
NAME	MURRAY	, LAURENCE H	1		1.2 NAME			,	
STREET ADDRESS		.W. 35TH ST.				T ADDRESS			
CITY-ST-ZIP		SPRINGS FL 33	3065		1.4 CiTY-				
TITLE				DELETE	2.1 TITLE	31-215		Cha	inge Acidition
NAME					2.2 NAME			L. 7 Onu	ngo 🗀 Acomon
STREET ADDRESS									
						T ADORESS			
CITY-ST-ZIP TITLE			·	DELETE	2. 4 CITY	SI-ZIP		——————————————————————————————————————	<u> </u>
				PT ACTOR	3.1 TITLE			∟ Cha	inge 🔲 Addition
NAME					3.2 NAME	1			
STREET ADDRESS	ĺ				3.3 STREE	1 ADDRESS			
CITY - ST - ZIP				- December	3.4. CITY-	ST-ZIP			
TITLE	ĺ			☐ DELETE	4.1 TITLE			☐ Cha	inge 🔲 Addition
NAME					4. 2 NAME				
STREET ADDRESS					4.3 STREE	T ADDRESS			
CITY-ST-ZIP				T 2 2	4.4 CITY-	ST-ZIP			
TITLE	•			☐ DELETE	5.1 TITLE		- -	☐ Cha	nge 🔲 Addition
NAME					5.2 NAME				
STREET ADDRESS	٠,				5.3 STREE	T ADDRESS			
CITY-ST-ZIP	.41				5.4 CITY-	ST-ZIP			
TITLE				DELFTE	6.1 TITLE			☐ Cha	nge 🔲 Addition
NAME					6.2 NAME				
STREET ADDRESS					6.3 STREE	T ADDRESS			
CITY-ST-ZIP					6.4 CITY-				
14. I do herel	by certify that	the information s	supplied with thi	s filing does not qua	lify for the ex-	emption stated	I in Section 119.07(3)(i), Florida Stat	utes. I further certify	that the
I am an o	officer or direc	etor of the corpora	on or suppleme ation or the rece	niai anniiai tanari is	true and acc wered to exe	urate and that cute this repor	my signature shall have the same is to a set the same is the same	egal effect as if made a Statutes; and that	e under oath; tha my пате
		×9.		Marin	பட்டு	MILENOS /	Wirthway 1/30	177 474	-75.02.24