

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 MAY 23 AM 10:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000008384

1. Entity Name

Operation Landsape, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4900 Treasure Cay Rd

Suite, Apt. #, etc.

3. Mailing Address

4900 Treasure Cay Road

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Tavares, FL

City & State
Tavares, FL

4. FEI Number
59-3221798

Applied For
☐ Not Applicable

Zip
32778-4771

Country
USA

Zip
32778-4771

Country
USA

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

7. Name and Address of Current Registered Agent

Name
Ron Ekins

Street Address (P.O. Box Number is Not Acceptable)
4900 Treasure Cay Road

City
Tavares FL

FL

Zip Code
32778-4771

**DO NOT WRITE
IN THIS SPACE**

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

RON EKINS

Ron Ekins

5/17/02

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) ☐

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25**

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
NAME
STREET ADDRESS
CITY- ST- ZIP
President/Secretary/Treasurer
Ron Ekins
4900 Treasure Cay Road
Tavares, FL 32778-4771

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
100005754431--3
-06/11/02--01103--004
*****61.25 *****61.25

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
Vice-President
Alan Giroux
4900 Treasure Cay Road
Tavares, FL 32778-4771

TITLE
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STREET ADDRESS
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: RON EKINS - PRESIDENT R Ekins 5/17/02 352-436 8951

CR2E034B (12/01)