

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **94000056719**

1. Entity Name

BRETT'S Landscape, INC

FILED

May 16, 2001 8:00 am
Secretary of State

05-16-2001 90386 023 ***150.00

Principal Place of Business

Mailing Address

18940 RED Coral Way
Boca Raton, FL 33498

18940 RED Coral Way
Boca Raton, FL 33498

2. Principal Place of Business

18940 RED Coral Way

3. Mailing Address

2600 N. MILITARY TRAIL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 230

DO NOT WRITE IN THIS SPACE

City & State

BOCA RATON, FL

City & State

BOCA RATON, FL

4. FEI Number

650508817

Applied For

Not Applicable

Zip

Country

Zip

Country

33498

U.S.A.

33431

U.S.A.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRETT, EDWARD C
18940 RED Coral Way
Boca Raton, FL 33498

Name

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

City

FL

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

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **DP**
STREET ADDRESS **BRETT, EDWARD**
CITY-ST-ZIP **18940 RED Coral Way**
Boca Raton 33498

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Ed Brett **EDWARD BRETT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/01
Date

561-995-0060
Daytime Phone #

CR2E034 (11/00)