

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

03-29-2002 90200 007 ***150.00

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DOCUMENT # P94000056719

1. Entity Name
BRETT'S LANDSCAPE, INC.

Principal Place of Business
18940 RED CORAL WAY
BOCA RATON FL 33498
US

Mailing Address
2600 N MILITARY TRAIL
SUITE 230
BOCA RATON FL 33431
US

2. Principal Place of Business
BOCA RATON FLA
 Suite, Apt. #, etc.

3. Mailing Address
18940 RED CORAL
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State
BOCA RATON FLA

4. FEI Number **65-0508817**

Applied For
 Not Applicable

Zip Country

Zip Country
33498 PALM

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

6. Name and Address of Current Registered Agent

BRETT, EDWARD G
18940 RED CORAL WAY
BOCA RATON FL 33498

7. Name and Address of New Registered Agent

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 **EDWARD G. Brett** **3-19-2002**
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, 2002 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

| | | |
|--|---|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP BRETT, EDWARD G 18940 RED CORAL WAY BOCA RATON FL 33498 | <input type="checkbox"/> Delete |
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **EDWARD G. Brett** **3-19-2002** **561-451-1939**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)