

**FILED**  
**May 21, 2001 8:00 am**  
**Secretary of State**

05-21-2001 90363 010 \*\*\*158.75

**2001 UNIFORM BUSINESS REPORT (UBR)**

**A0070941**

DO NOT WRITE IN THIS SPACE

DOCUMENT # **P94000077767**  
 1. Entity Name **Best Landscaping, Inc.**

Principal Place of Business Mailing Address  
**3652 N. Andrews Ave.** **SAME**  
**Fort La**  
**33309**

2. Principal Place of Business 3. Mailing Address  
**8930 SW 49 Ct.** **8930 SW 49 Ct**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
**Cooper city FL** **Cooper city FL**  
 Zip Country Zip Country  
**33328 Broward** **33328 Broward**

4. FEI Number Applied For  
**650530494**  NOT Applicable

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

6. Name and Address of Current Registered Agent  
**LYNN MCCARTHY**  
**3316 18th St**  
**Fort Land, FL 33305**

7. Name and Address of New Registered Agent  
 Name **LYNN MCCARTHY**  
 Street Address (P.O. Box Number is Not Acceptable)  
**8930 SW 49 COURT**  
 City **Cooper city** **FL** Zip Code **33328**

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 **Lynn McCarthy** DATE **4-30-01**  
Signature (spelled or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature is required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME	<b>DP - LYNN MCCARTHY</b> <input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	<b>3316 #18 ST Fort Land, FL 33305</b>
TITLE NAME	<b>DP Michael Block</b> <input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	<b>830 NE 18 ST Fort Land, FL 33305</b>
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	<b>8930 SW 49 Ct</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	<b>Cooper city, FL 33328</b>
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 115.07(3)(c), 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 or 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: **Lynn McCarthy** DATE **4-30-01**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER (BY TYPE OR USE OF CURSOR)

CR2E034 (1/1/00)