FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Sep 08, 2002 8:00 am Secretary of State

					Secretary of State		
DOCUMENT# P94000087948 1. Entity Name DOC'S LANDSCAPE & MAINTENANCE INC					09-08-2002 90050 043 ***150.00		
Doc's Landscape & Maintenance Inc							
DO NOT WRITE IN THIS SPACE					B0135990		
2. Principal Place of Business 3. Mailing Address 203277 Suite, Apt. #, etc. Suite, Apt. #, etc.				,	DO NOT WOITE IN THE	FRACE	
Suite, Apt. #, etc.					DO NOT WRITE IN THIS SPACE		
City 2 Stat	Vaessa II Jampa				4. FEI Number 59-2962066 Applied For Not Applicable		
33	556 Country SA	33685	Country	5. 0	Certificate of Status Desired	\$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent Name							
DO NOT WRITE					CAR - Guinones		
				ddress (P.O. Box Number is Not Acceptable)			
IN THIS SPACE					•	Ì	
City Ode					FA FL	Zíp Code 33556	
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.							
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SIGNATURE	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE: F	Registered Agent signature	e required when re	instating) DATE		
Tay filling requirement and elects to do so \(\text{After May 1}\)			y 1 Fee is \$150.0 Fee is \$550.00 UBR is \$61.25	10. Election Campaign Financing \$5.00 May Be 161.25 Trust Fund Contribution. Added to Fees		\$5.00 May Be Added to Fees	
11.	OFFICERS AND D	to Department	oi State				
TITLE	PRESIDENT Qui	anes	TITLE			(12/04)	
name Street address	OSCAIL In Qui	. —	NAME STREET ADDRESS		•	5	
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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 of 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

NATURE AND LODGE OF PRINCED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

C. BERGMAN & ASSOCIATES, Inc. 24705 Hwy 19 N Ste 314 Clearwater, FI 33763 727-726-0504 Fax 727-726-3313

August 20, 2002

Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

Re: Doc's Landscaping & Maintenance, Inc. 59-2962066 DOC. # P94000087948

Dear Sir or Madam:

Enclosed please find the Uniform Business Report and check for one hundred fifty dollars for the filing fee of Doc's Landscape & Maintenance, Inc.. The original Uniform Business Report was never received due to a change of address that resulted in a failure to receive the forwarded mail.

We ask that you abate the penalties for the above referenced client and thank you in advance for your cooperation in this matter.

Sincerely,

Claudette Bergman,

Accountant for Doc's Landscaping & Maintenance Inc.

Enclosure.