

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91175 019 ***150.00

DOCUMENT # P95000007943



1. Entity Name
CPR LANDSCAPE SERVICES INC.

Principal Place of Business
**17031 NE 20TH AVE. 1
N MIAMI BEACH FL 33162**

Mailing Address
**17031 NE 20TH AVE. 1
N MIAMI BEACH FL 33162**

2. Principal Place of Business
1911 NE 187 DR
Suite, Apt. #, etc.

3. Mailing Address
1911 NE 187 DR
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
North Miami Beach FL
Zip
33179
Country
USA

City & State
North Miami Beach FL
Zip
33179
Country
USA

4. FEI Number **65-0555668**
Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**GREENBERG, HARVEY ESQUIRE
1942 N.E. 147 TERRACE
NORTH MIAMI FL 33181**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERGLUND, PAIGE 17031 NE 20TH AVE. 1 N MIAMI BEACH FL 33162	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST BERGLUND, PAIGE 17031 NE 20TH AVE. 1 N MIAMI BEACH FL 33162	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.

TITLE NAME STREET ADDRESS CITY-ST-ZIP	O BERGLUND, PAIGE 1911 NE 187 DR NMB, FL 33179	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST BERGLUND, PAIGE 1911 NE 187 DR NMB, FL 33179	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address with an officer or trustee empowered.

SIGNATURE: **SIGNATURE REQUIRED** **4-17-3** **305-9883325**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)