

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 10, 2003 8:00 am**  
**Secretary of State**

03-10-2003 90683 001 \*\*\*\*\*8.75  
03-10-2003 90683 002 \*\*\*150.00

DOCUMENT # P95000012262

1. Entity Name  
CENTRAL FLORIDA LANDSCAPING AND MAINTENANCE INC.



Principal Place of Business  
1293 STATE RD 426  
~~97E 129~~  
OVIEDO FL 32762

Mailing Address  
PO BOX 620645  
OVIEDO FL 32765

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3301967

Applied For

Not Applicable

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

BONADONNA, PAUL  
1013 CORBIN CT  
OVIEDO FL 32765

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

Signature, typed or printed name of registered agent and title if applicable.

(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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                     |                                 |
|----------------|---------------------|---------------------------------|
| TITLE          | P                   | <input type="checkbox"/> Delete |
| NAME           | BONADONNA, PAUL     |                                 |
| STREET ADDRESS | 1013 CORBIN CT      |                                 |
| CITY-ST-ZIP    | OVIEDO FL 32765     |                                 |
| TITLE          | VP                  | <input type="checkbox"/> Delete |
| NAME           | BONADONNA, PAUL JR. |                                 |
| STREET ADDRESS | 1013 CORBIN CT      |                                 |
| CITY-ST-ZIP    | OVIEDO FL 32765     |                                 |
| TITLE          | VP                  | <input type="checkbox"/> Delete |
| NAME           | BONADONNA, RICHARD  |                                 |
| STREET ADDRESS | 1013 CORBIN CT      |                                 |
| CITY-ST-ZIP    | OVIEDO FL 32765     |                                 |
| TITLE          | T                   | <input type="checkbox"/> Delete |
| NAME           | BONADONNA, BEVERLY  |                                 |
| STREET ADDRESS | 1013 CORBIN CT      |                                 |
| CITY-ST-ZIP    | OVIEDO FL 32765     |                                 |
| TITLE          | S                   | <input type="checkbox"/> Delete |
| NAME           | BONADONNA, MARC     |                                 |
| STREET ADDRESS | 1013 CORBIN COURT   |                                 |
| CITY-ST-ZIP    | OVIEDO FL 32765     |                                 |
| TITLE          |                     | <input type="checkbox"/> Delete |
| NAME           |                     |                                 |
| STREET ADDRESS |                     |                                 |
| CITY-ST-ZIP    |                     |                                 |

|                |   |
|----------------|---|
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/03

Daytime Phone #

CR2E034 (10/02)