## Mar 03, 2002 8:00 am

2002 UNIFORM BUSINESS REPORT (UBR)		
DOCUMENT #	P95000019943	

**Secretary of State** NICE, GREEN & BEAUTIFUL LANDSCAPING, INC. 03-03-2002 90117 018 \*\*\*150 00 Mailing Address Principal Place of Business 103 OHIO AVE P.O. BOX 1326 PALM HARBOR FL 34682 PALM HARBOR FL 34683 US IIS 2. Principal Place of Business 3. Mailing Address 2001 BAYSHORE BLUD. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 59-3302964 DUMEDIN, Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 34698 PINZILAS 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RUIZ, JORGE R. RUIZ, JORGE R Street Address (P.O. Box Number is Not Acceptable) 1013 OHIO AVE PALM HARBOR FL 34683 127 TAILEY DR. City DAIN HARbor ntity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida JORGE P. RUIZ - PRESIDENT SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD ☐ Addition TITLE ☐ Delete TITLE Change RUIZ, JORGE R PUIZ, JORGE R NAME NAME 1013 OHIO AVE STREET ADDRESS STREET ADDRESS PALM HARBOR, Fl. 34684 PALM HARBOR FL 34683 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change RUIZ, MELODY B NAME NAME PUIZ, HELODY B. 1013 OHIO AVE STREET ADDRESS STREET ADDRESS 27 TALLEY DR. PALM HARBOR FL 34683 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ـ TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

CITY-ST-ZIP Addition. TITLE Delete STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

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

TITLE

NAME

STREET ADDRESS

Delete

☐ Change

☐ Addition