

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P95000036310**1. Entity Name  
**LANDSCAPING BY BUSCH, INC.****FILED**  
**Jan 11, 2001 8:00 am**  
**Secretary of State**

01-11-2001 90060 033 \*\*\*150.00

Principal Place of Business  
**C/O CHARLES BUSCH  
9631 CYPRESS LAKE DR  
FORT MYERS FL 33919**Mailing Address  
**C/O CHARLES BUSCH  
9631 CYPRESS LAKE DR  
FORT MYERS FL 33919**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**14931 A & W Bulb Rd**  
Suite, Apt. #, etc.3. Mailing Address  
**14931 A & W Bulb Rd**  
Suite, Apt. #, etc.City & State  
**Ft Myers, FL**  
Zip  
**FL 33908**  
Country  
**Lee**City & State  
**Ft Myers FL**  
Zip  
**33908**  
Country  
**Lee**4. FEI Number **65-0580046**  
Applied For  
☐ Not Applicable5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent****BUSCH, CHARLES  
9631 CYPRESS LAKE DR  
FORT MYERS FL 33919****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.

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

(NOTE: Registered Agent signature required when reinstating)

DATE **1-4-01**9. This corporation is eligible to satisfy its intangible  
Tax filing requirement and elects to do so. ☐  
(See criteria on back)**FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001 Fee will be \$550.00  
Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees****11. OFFICERS AND DIRECTORS**TITLE **D** ☐ Delete  
NAME **BUSCH, CHARLES**  
STREET ADDRESS **9631 CYPRESS LAKE DR**  
CITY-ST-ZIP **FT. MYERS FL 33919**TITLE **P** ☐ Delete  
NAME **BUSCH, JACKIE**  
STREET ADDRESS **9631 CYPRESS LAKE DRIVE**  
CITY-ST-ZIP **FT. MYERS FL 33919**TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
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NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

CR2E034 (10/00)

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTORDate **1-4-01** 941-482-0126  
Daytime Phone #