## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR

P95000036310 DOCUMENT #

1. Entity Name

LANDSCAPING BY BUSCH, INC.



## **FILED** Jan 09, 2003 8:00 am Secretary of State 01-09-2003 90131 013 \*\*\*150.00

					1 7	<u> </u>							
Principal Pla 1431 A&W E FORT MYER		s	Mailing Address 1431 A&W BULB RD FORT MYERS FL 33908							16 <b>18 18 1</b> 8 18 18 18 18 18 18 18 18 18 18 18 18 18	<b>8 81488</b> 1111	ii state <b>da</b> te t <b>o</b> d	
2. Principal	Place of Busin	ness	3. Mailing Address										
Suite, Apt	t. #, etc.		Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES						
City & State			City & State				4. FEI Number 65-0580046 Applied For						$\Box$
Zip Country			Zip		Country	5 Certificate of Status Desired			.75 Ad	Not Applicable  75 Additional Required			
	6. Name	and Address of Current	Registered	I Agent	<del>_</del>		7 Nar	ne and Address of I	Nou Poels			u	4
BUCCH					Nam	e	7. 1461	ne and Address of t	vew negisi	tereu Age	nt		$\exists$
	CHARLES PRESS LAK	E DR				Street Address (P.O. Box Number is Not Acceptable)							$\dashv$
FORT MY	YERS FL 339	919				<del>-</del> .				<del></del>			$\dashv$
					City					FL	Zip Cod	e	-
8. The above the obligation	e named entity itions of registe	submits this statement for ered agent.	or the purpos	e of changing its i	registered office	or registere	d agent	, or both, in the State	of Florida.	l am fam	liar with,	and accept	-
SIGNATURE	Signature typed	or printed name of registered agent	and title if earlies	NOTE:		·			·				
			ана као п арркса		Registered Agent sig	nature required w	vhen reinsta	ating)		DATE	_		1
Afte	r May 1, 200	FEE IS \$150.00 Fee will be \$550.00 Florida Department o	f State					9. Election Campai Trust Fund Contr		ng 🗆		<b>0</b> May Be I to Fees	
10.		OFFICERS AND	DIRECTORS	<del> </del>	11.		ADDIT	IONS/CHANGES TO	OFFICER	S AND DIE	RECTOR	2 INI 11	+
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	s	, 1001	101.0701#1102010	OFFICER		Change	Addition	00/07/70
TITLE NAME STREET ADDRESS CITY-ST-ZIP		ACKIE RESS LAKE DRIVE S FL 33919		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S					Change	Addition	1000
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3					Change	Addition	-
TITLE NAME STREET ADDRESS CITY-ST-ZIP				Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3	<u> </u>				Change	Addition	1
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP						Change	Addition	
TITLE NAME STREET ADDRESS				Delete	TITLE NAME							Addition	

12. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

Charles Busch