

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000052715

1. Entity Name

BRIANDI & SONS LANDSCAPING, INC.

**FILED**  
**May 09, 2001 8:00 am**  
**Secretary of State**

05-09-2001 90002 001 \*\*\*150.00

0401826

Principal Place of Business % JANET GARRUBBO 12530 ROCKROSE GLEN BRADENTON FL 34202 US	Mailing Address % JANET GARRUBBO 12530 ROCKROSE GLEN BRADENTON FL 34202 US
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2. Principal Place of Business 12530 Rock Rose Glen	3. Mailing Address P.O. Box 32061
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State BRADENTON, FL	City & State SARASOTA, FL
Zip 34202	Zip 34239
Country HAWAII	Country SARASOTA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0592143	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GARRUBBO, JANET 1950 RAYMOND ROAD SARASOTA FL 34240	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 Janet Garrubbo (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD GARRUBBO, JANET 1950 RAYMOND ROAD SARASOTA FL 34240 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Janet Garrubbo Date: 4/24/01 Daytime Phone #: 941-727-8894

CR2E034 (10/00)