

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 02, 2003 8:00 am
Secretary of State

06-02-2003 90187 043 ***150.00

0349365 AV

DOCUMENT # P96000004118

1. Entity Name
HORTICULTURAL SERVICES OF SOUTH FLORIDA, INC.



Principal Place of Business
854 FAIRWAY DRIVE
PLANTATION FL 33317

Mailing Address
854 FAIRWAY DRIVE
PLANTATION FL 33317



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

65-0655283

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TAX ADVISORS, INC.
3890 W COMMERCIAL BLVD
STE 214
FORT LAUDERDALE FL 33309

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSD
TACQUARD, BRANDA
854 FAIRWAY DR
PLANTATION FL 33317**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VTD
TACQUARD, NICHOLAS R
854 FAIRWAY DRIVE
PLANTATION FL 33317**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/30/03
Date

954 584 5300
Daytime Phone #

CR2E034 (10/02)

90138258
Attachment Do# P9600004118



**HORTICULTURAL SERVICES
OF SOUTH FLORIDA, INC.**

854 FAIRWAY DRIVE

PLANTATION, FL 33317

PH (954) 584-5300 FAX (954) 584-2076

Cel (954) 931-6859


Broward C.C. # 96-CLS-630-X

Palm Beach C.C. #U-18668

05-30-03

Please excuse the lateness of this report. When it was discovered the company's account had not sent it in we immediately sent it in.

Thank you,


NICHOLAS R. TAQUERO