FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2002 8:00 am
Secretary of State
05-09-2002 90032 036 ***150.00

DOCUMENT # P96000014139

1. Entity Name
Onorato Landscape Design, Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6402 River Rd
Suite, Apt. #, etc.
City & State
New Port Richey FL
Zip 34652 Country

3. Mailing Address
6402 River Rd
Suite, Apt. #, etc.
City & State
New Port Richey FL
Zip 34652 Country

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3358336
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name
James H. Gillies Sr
Street Address (P.O. Box Number is Not Acceptable)
9110 Sterling Lane
City Port Richey FL Zip Code 34668

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 James H. Gillies Sr (NOTE: Registered Agent signature required when reinstating) 4-29-02
Signature, typed or printed name of registered agent and title if applicable. DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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	
NAME	Patrick Onorato
STREET ADDRESS	6402 River Rd
CITY-ST-ZIP	New Port Richey FL 34652
TITLE	ST
NAME	Maria Onorato
STREET ADDRESS	6402 River Rd
CITY-ST-ZIP	New Port Richey FL 34652
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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

SIGNATURE: Patrick Onorato Patrick Onorato 4-29-02 (727) 817-1288
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #