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

DOCUMENT #

P96000017975

Entity Name

**SIGNATURE:** 

A & D FLORIDA LAWN & LANDSCAPING SERVICE, INC.



## FILED Jan 16, 2003 8:00 am Secretary of State

01-16-2003 90059 037 \*\*\*150.00

561-284-054E C

1 762-92F4 H

|   | ace of Busines                |   | Mailing Address                        |  |                      | 1  |   |  |                               |
|---|-------------------------------|---|--|--|----------------------|--|---|--|-------------------------------|
| 355 IPSWICH STREET<br>BOCA RATON FL 33487 |                               |   | 355 IPSWICH STREET BOCA RATON FL 33487 |  |                      |  |   |  | ينشا                          |
|   |                               | -1  |  |  |                      | <br>   | <b>18718 8</b> 3111 <b>88</b> 111 <b>98</b> 511 | <b>ad</b> iah <b>ar</b> aba habu herda | 1021 1000 10001 1001          |
| 2. Principal                              | Place of Busin                | ness Charner  | 3. Mailing Address                     | <del>-</del> -                                     |                      |  |   |  |                               |
| 4368 White Feather TrL                    |                               |   | 4368 White Feather Trl                 |  |                      |  | INCOME OF THE PARTY OF THE                      |  | TOCKE SOOM OF THE SOOM        |
| Suite, Ap                                 | ot. #, etc.                   |   | Suite, Apt. #, etc.                    | ***  |                      | ₩.   | CHECK HEDE IE                                   | MAKING CHANG                           | 250                           |
| City & Sta                                | ate                           | · · · · · · · · · · · · · · · · · · ·                       | City & State                           |  |                      |  | CHECK HERE IF                                   | MAKING CHANG                           | ,ES                           |
| BOYNTON Beach                             |                               |   | BOYNTON BEACH                          |  |                      | 4. FEI Number  | 65-0646951                                      | <u> </u>                               | Applied For<br>Not Applicable |
| Zip Country                               |                               |   | Zip Cou                                |  |                      | E Cortificate of St  | atus Desired                                    | \$8.75                                 | Additional                    |
|   | 6. Name                       | Plam Beach  | 33436                                  | - Glw  | Bepth                | 5. Certificate of St   |   | Fee Req                                | uired                         |
|   |                               | and Addition of Current He                                  | sgistered Agent                        | Na   | me                   | 7. Name and Add  | ress of New Reg                                 | istered Agent                          |                               |
|   | LEONARD                       |   |  | Street Address (P.O. Box Number is Not Acceptable) |                      |  |   |  |                               |
|   | VICH STREE                    |   |  | Stre   | et Address (F        | P.O. Box Number is N   | Not Acceptable)                                 |  | i                             |
| BOCA RA                                   | ATON FL 334                   | 187   |  |  |                      |  | - <del>"</del>                                  | <del></del>                            |                               |
|   |                               |   |  | City   | <del></del> /        | <u> </u>   | <del></del>                                     | <b>₽</b> Zin (                         | Code                          |
| 8. The above                              | e named entity                | submits this statement for the                              | ne purpose of changing its             | registered offic                                   | ne or registers      | ad agent, or both in   | the Ctate of Fig. 1.                            |  |                               |
| the obliga                                | tions of registe              | ered agent.   | , ,                                    | o regionale a cina                                 | oc or registere      | agent, or potn, tri  | ine State of Florid                             | a. I am familiar w                     | ith, and accept               |
| SIGNATURE                                 |                               | eund co   | *                                      |  |                      |  |   |  |                               |
|   | Signature, typed o            | r printed name of registered agent and                      | title if applicable. (NOT              | E: Registered Agent :                              | signature required v | when reinstating)  |   | DATE                                   |                               |
| E   | ILE-NOW!!                     | -FEE-IS \$150,00  |  |  |                      |  | <del></del>                                     | <del></del>                            |                               |
| Afte<br>Make Check                        | er May 1, 200<br>k Pavable to | 3 Fee will be \$550.00<br>Florida Department of S           | tata                                   |  |                      |  | Gampaign:Finand<br>and Contribution.            |  | 5.00 May Be                   |
| 10.                                       | ,                             | OFFICERS AND DIS  |  | 14   |                      |  |   |  |                               |
| TITLE                                     | P                             |   | □ Delete                               | 11.  |                      | ADDITIONS/CHAP   | NGES TO OFFICE                                  |  |                               |
| NAME                                      | STARR, LE                     |   | El Délète                              | NAME   |                      |  |   | Chang                                  | ge 🔲 Addition                 |
| STREET ADDRESS<br>CITY-ST-ZIP             | 355 IPSWI                     | ON FL 33487   |  | STREET ADDR  | ESS                  |  |   |  |                               |
| TITLE                                     | V                             | ON FL 3340/   |  | CITY-ST-ZIP  |                      |  |   |  | pe Addition                   |
| NAME                                      | STARR, DO                     | LORES L   | Delete                                 | TITLE  |                      |  |   | ☐ Chang                                | e 🗌 Addition                  |
| STREET ADDRESS                            | 355 IPSWIC                    | CH ST   |  | NAME<br>STREET ADDRE                               | 22                   |  |   |  |                               |
| CITY-ST-ZIP                               | BOCA RAT                      | ON FL 33487   | <u>.</u>                               | CITY-ST-ZIP  |                      |  |   |  |                               |
| TITLE                                     |                               |   | ☐ Delete                               | TITLE  |                      |  |   | ☐ Change                               | e 🔲 Addition                  |
| NAME<br>STREET ADDRESS                    |                               |   |  | NAME   |                      |  |   |  |                               |
| CITY-ST-ZIP                               |                               |   |  | STREET ADDRE                                       | SS                   |  |   |  |                               |
| TITLE                                     |                               |   | ☐ Delete                               | TITLE  |                      |  | ·   |  |                               |
| NAME                                      |                               |   |  | NAME   |                      |  |   | ☐ Change                               | Addition                      |
| TREET ADDRESS                             |                               |   |  | STREET ADDRES                                      | SS                   |  |   |  |                               |
| ITLE                                      |                               |   | Para                                   | CITY-ST-ZIP  |                      |  |   |  |                               |
| AME                                       |                               |   | Delete                                 | TITLE<br>NAME                                      |                      |  |   | ☐ Change                               | Addition                      |
| TREET ADDRESS                             |                               |   |  | STREET ADDRES                                      | SS                   |  |   |  |                               |
| TY-ST-ZIP                                 |                               |   |  | CITY-ST-ZIP  |                      |  |   |  | }                             |
| ITLE                                      |                               |   | Delete                                 | TITLE  |                      | Sample of the second of the se |   |  | Addition                      |
| AME<br>TREET ADDRESS                      |                               |   |  | NAME<br>OTREET ARREST                              |                      |  |   |  |                               |
| ITY-ST-ZIP                                |                               |   |  | STREET ADDRES                                      | is                   |  |   |  |                               |
| 2. I hereby ce                            | ertify that the in            | nformation supplied with this r supplemental report is true | filing does not qualify for t          | - <b>-</b>   | stated in Section    | on 119 07/3/// Ela-  | da Statutos 1 6                                 | or outle all and                       | info                          |
| of the corp                               | oration or the                | receiver or tructon amnouses                                | ad to average the control of           | y signature shalls required by C                   | If have the san      | ne legal effect as if n  | nade under oath;                                | that I am an office                    | rnormation<br>r or director   |
| changed, c                                | or on an attach               | ment with an address, with a                                | all other like empowered.              | o roquired by C                                    | maple 007, F         | ionoa statutes; and t  | mat my name app                                 | pears in Block 10 o                    | or Block 11 if                |