

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P96000019462

FILED
Sep 10, 2002
Secretary of State

Entity Name: TREASURE COAST IRRIGATION AND LANDSCAPE, INC.

Current Principal Place of Business:

11240 SE FEDERAL HIGHWAY
HOBE SOUND, FL 33455

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 250
HOBE SOUND, FL 334750250

New Mailing Address:

FEI Number: 65-0657022

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FAY, SCOTT
11240 SE FEDERAL HWY
HOBE SOUND, FL 33455 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PS () Delete
Name: FAY, SCOTT
Address: 11240 SE FEDERAL HWY
City-St-Zip: HOBE SOUND, FL 33455

Title: D () Delete
Name: FAY, KELLY
Address: 11240 SE FEDERAL HWY
City-St-Zip: HOBE SOUND, FL 33455

Title: D (X) Delete
Name: LAWRENCE, GREG
Address: 11240 SE FEDERAL HWY
City-St-Zip: HOBE SOUND, FL 33455

Title: VP () Delete
Name: REIFF, DUANE S
Address: 11240 SE FEDERAL HWY
City-St-Zip: HOBE SOUND, FL 33455

Title: D () Delete
Name: FAY, ROWAN
Address: 11240 SE FEDERAL HWY
City-St-Zip: HOBE SOUND, FL 33455

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SCOTT FAY

PS

09/10/2002

Electronic Signature of Signing Officer or Director

_____ Date