2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9600036985 1. Entity Name ALL-NU LANDSCAPE AND DESIGN, INC.					Secretary of State 02-11-2002 90113 037 ***150.00			
Principal Plac	ce of Business	Mailing Address		_				
4712 ASHTON COURT TAMPA FL 33624		4712 ASHTON COURT TAMPA FL 33624						
IMMINIE SC	NCT	TRIBER IS SOUS			FEATREN 110 MITT BIBLE MOTEL 1851 1811	 	a n 1 818) a nn 1889	
2. Principal Place of Business		3. Mailing Address		-				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE				
City & State		City & State		4.	4. FEI Number 59-3378720 Applied For Not Applied For]
Zip	Country	Zip -	Country	5.	Certificate of Status Desired	\$8.75 A		
	S. Normand Address of Current B	colotored Ament		Щ_		Fee Requi	red	-
<u> </u>	6. Name and Address of Current R	egistered Agent	Name		Name and Address of New Regist	tered Agent		
FERGUSON, RICHARD L 4712 ASHTON COURT TAMPA FL 33624			Street Addres	ss (P.O. E	Box Number is Not Acceptable)			
IAMPA F	L 33624		City			FL Zip Co	ode	
Tax filing	Signature, typed or printed name of registered agent and praction is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW!!!	Registered Agent signature req FEE IS \$150.00 Fee will be \$550.0 to Department of \$550.0	0	10. Election Campaign Financir Trust Fund Contribution.		.00 May Be	
11.	OFFICERS AND D	IRECTORS	12.	AD	DITIONS/CHANGES TO OFFICER	S AND DIRECTO	RS IN 11	1
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FERGUSON, RICHARD L 4712 ASHTON COURT TAMPA FL 33624	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	2E034 (9/01)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FERGUSON, MARILYN J 4712 ASHTON COURT TAMPA FL 33624	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP_		- .	Change	Addition	2
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	e	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE I NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY- ST-ZIP			☐ Change	Addition	
indicated of the cor	certify that the information supplied with the control on this report or supplemental report is treporation or the receiver or trustee empower, or on an attachment with an address, with	rue and accurate and that my rered to execute this report a	/ signature shall have ti	ne same	legal effect as if made under oath;	that I am an offic	er or director	