

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State
 05-27-2002 90274 025 ***150.00

0171824 AV

DOCUMENT # P96000037512

1. Entity Name

D & L LANDSCAPE, INC.

Principal Place of Business

D&L LANDSCAPES, INC
945 SE 22ND AVENUE #A
POMPANO BEACH FL 33062
US

Mailing Address

D&L LANDSCAPES, INC.
945 SE 22ND AVE #A
POMPANO BEACH FL 33062
US

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 **65-0655592**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILLCOX, CARY M
2570 NE 10TH CT.
POMPANO BEACH FL 33062

Name

Michael Dezzutti

Street Address (P.O. Box Number is Not Acceptable)

945 SE 22 AVE # A

City

Pompano Beach

FL

Zip Code

33062

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

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-30-02

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	LAMONTHE, SCOTT G.	
STREET ADDRESS	2570 NE 10TH CT.	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DEZZUTTI, MICHAEL E	
STREET ADDRESS	945 SE 22ND AVE #A	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	DA	<input checked="" type="checkbox"/> Delete
NAME	WILLCOX, CARY M.	
STREET ADDRESS	2570 NE 10TH CT.	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dezzutti, Michael	
STREET ADDRESS	945 SE 22 AVE # A	
CITY-ST-ZIP	Pompano Beach Fl.	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 12 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

3-30-02

Date

(954) 781-8722

Daytime Phone #

CR2E034 (9/01)