

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 11, 2003 8:00 am**  
**Secretary of State**

09-11-2003 90088 009 \*\*\*550.00

**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**

00100101



2. Principal Place of Business

**47 Toledo CT.**

Suite, Apt. #, etc.

3. Mailing Address

**47 Toledo CT.**

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

**Davie FL.**

City & State

**Davie FL.**

4. FEI Number

**65-0655592**

Applied For

Not Applicable

Zip

**33324**

Country

**US**

Zip

**33324**

Country

**US**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**DEZZUTTI, MICHAEL**

**945 SE 22 AVE**

**#A**

**POMPANO BEACH FL 33062**

Name

**Dezzutti, Michael**

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

**47 Toledo CT.**

City

**Davie**

**FL**

Zip Code

**33324**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*[Signature]*  
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**9.8.03**

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **VP** ☐ Delete  
NAME **DEZZUTTI, MICHAEL E**  
STREET ADDRESS **945 SE 22ND AVE #A**  
CITY-ST-ZIP **POMPANO BEACH FL**

TITLE **P** ☐ Delete  
NAME **DEZZUTTI, MICHAEL**  
STREET ADDRESS **945 SE 22 AVE, #A**  
CITY-ST-ZIP **POMPANO BEACH FL**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **47 Toledo CT.**  
CITY-ST-ZIP **Davie FL. 33324**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **47 Toledo CT.**  
CITY-ST-ZIP **Davie FL. 33324**

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
NAME  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**9-8-03**

Date

Daytime Phone #

CR2E034 (4/03)