

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2001 08:00 AM
Secretary of State

DOCUMENT # P96000054515

1. Entity Name
LAKESIDE LANDSCAPING CORPORATION

Principal Place of Business 6446 TERRA ROSA CIRCLE BOYNTON BEACH FL	Mailing Address 6446 TERRA ROSA CIRCLE BOYNTON BEACH FL
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2. Principal Place of Business 6446 TERRA ROSA CIRCLE	3. Mailing Address 6446 TERRA ROSA CIRCLE
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State BOYNTON BEACH FL	City & State BOYNTON BEACH FL
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4. FEI Number 65-0675089	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

Zip 33437	Country	Zip 33437	Country
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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

PAPA ANTHONY TJR
6446 TERRA ROSE CIRCLE

BOYBNTON BEACH FL
33437 US

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 **ANTHONY T PAPA JR**

04/28/2001

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	STD PAPA MELANIE A 6446 TERRACE ROSA CIRCLE BOYNTON BEACH FL 33437 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PAPA ANTHONY TJR 6446 TERRACE ROSA CIRCLE BOYNTON BEACH FL 33437 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Anthony T Papa Jr**

PD 04/28/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)