FROM : L R WILLIAMS FAX NO. : 706 467 0896

FILED
Aug 08, 2002 8:00 am
Secretary of State
08-08-2002 90093 005 ***550.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000059673

1. Entity Name
WILLIAMS LANDSCAPE DESIGNS, INC.

Principal Place of Business	Mailing Address
700 SOUTH OCEAN BLVD #703 BOCA RATON FL 33432	700 SOUTH OCEAN BLVD #703 BOCA RATON FL 33432

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
17719 CROOKED OAK AVE Suite, Apt. #, etc.	17719 CROOKED OAK AVE Suite, Apt. #, etc.
City & State: BOCA RATON, FL	City & State: BOCA RATON, FL
Zip: 33487 Country:	Zip: 33487 Country:

4. FEI Number 65-0684411 ☐ 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
WILLIAMS, LARRY R 700 STE OCEAN BLVD #703 BOCA RATON FL 33432	Name: DANIEL G. WILLIAMS Street Address (P.O. Box Number is Not Acceptable): 17719 CROOKED OAK AVE City: BOCA RATON FL Zip Code: 33487

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] DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 $550.00
After September 13, 2002 Fee will be $750.00
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	D WILLIAMS, LARRY R 700 SOUTH OCEAN BLVD #703 BOCA RATON FL 33432 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP WILLIAMS, DANIEL G 17719 ~~ROCK OAK~~ CROOKED OAK AVE BOCA RATON FL 33487 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT WILLIAMS, DANIEL G. 17719 CROOKED OAK AVE BOCA RATON, FL 33487 ☒ Change ☐ Addition
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 ☐ Addition
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 ☐ 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: [signature] 8-5-02 owner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #