2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P96000092725**

Entity Name

CITY-ST-ZIP

SIGNATURE:

CREATIVE LANDSCAPING, INC.

CHEATI	AE TWIND	SCAPING, INC.			\bigvee		09-07-2000 900	005 007 ***55	0.00	
Principal Place	e of Busines	\$	Mailing Address			-				
1408 CLARE AVE #6 WEST PALM BEACH FL 33401			1408 CLARE AVE #6 WEST PALM BEACH FL 33401				U ,			
2. Principal P	lace of Busin	ness	3. Mailing Address							
Suite, Apt.	#, etc.	<u> </u>	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & State	e	. .	City & State			4. F	4. FEI Number 65-0710125 Applied For Not Applicable			
Zip Country			Zip	Zip Country		5. 0	5. Certificate of Status Desired \$8.75 Additional Fee Required			
	6. Name	and Address of Curren	t Registered Agent			7. N	7. Name and Address of New Registered Agent			
•		· · · · · · · · · · · · · · · · · · ·		-	Name -					
	ITILLO, STI 8 CLARE A			Street Address		s (P.O. B	ox Number is Not Acceptable)			
WEST PALM BEACH FL 33401			·	•						
•				City		FL Zip Code				
Tax filing r	oration is elig	or printed name of registered ages pible to satisfy its Intangib and elects to do so.	le FILE NOV	V!!! FEE		750.00	10. Election Campaign Financin Trust Fund Contribution.		00 May Be	
11.		OFFICERS AN	D DIRECTORS	12.		AD	DITIONS/CHANGES TO OFFICER	S AND DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1408 CL	O, STEPHEN A ARE AVE #6 ALM BEACH FL 33401	☐ Delete)			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		l l			☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	-		Delete	NAA Str	.E:	-		Change	Addition .	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	, se		☐ Delete		l l			☐ Change	☐ Addition	
TITLE NAME		······································	☐ Delete	TITL NAM			_	☐ Change	☐ Addition	

FILED Sep 07, 2000 8:00 am Secretary of State

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.

ENATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP