FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)				
DOCUMENT # 796000094876			SFPIC	_
PERSONAL TOUCH LANDSCAPE DESIGN &			SECRETARY TALLAHASSEL	111/2:28
MAINTENANE, Inc.			LAHASSEL	E. FLOORE
	with College of the		· ·	CURIDA
DO NOT WRITE IN THIS SPACE			00000057,00	
2. Principal Place of Business 18 11835 OSPREY Point Cude	3. Mailing Address	POINT CIND	-07/26/02 *****70.00	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	O TO	DO NOT WRITE IN TH	IIS SPACE
City & State WELLINGTON FLORIDA	City & State NELLINGTON F	IORIDA	4. FEI Number 65 07 15 239	Applied For
Zip Country	Zip Co	ountry 1	5. Certificate of Status Desired	\$8.75 Additional
33467 USA	33467	USA	7. Name and Address of Current Registe	Fee Required
Name Mayor P Reserver				
Street Address (P.O. Box Number is Not Acceptable)				
IN THIS SPA	NCE		NW FI SE	
	\(\frac{1}{2}\)	City CSH	N Sonines F	L Zip Code
8. The above named entity submits this statement for th	e purpose of changing its regist			1 350 + 7
SIGNATURE Signature, typed or printed name of registered agent and to	La DAUD (NOTE: Regist	BENET'S gent signature required		9/5/02
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)	January 1 - May 1 After May 1, Fe Amended UBF Make Check Payable to	e is \$550.00 R is \$61.25	10. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
11. OFFICERS AND DIR		TILE	<u> </u>	£
NAME RODAVID BERETSHY		AME		(12/01)
CITY-ST-ZIP WEWINGTON FI 33467	· · ·	TREET ADDRESS ITY-ST-ZIP	, , , , , , , , , , , , , , , , , , ,	,
TITLE VICE President NAME ROSA BERETSKY STREET ADDRESS 11835 OSPREY POINT CINC	le si	TLE AME TREET ADDRESS		CR2E034B
CITY-ST-ZIP WELLINGTON FI 33467		TY-ST-ZIP		
THTLE NAME		TLE AME		
STREET ADDRESS CITY-ST-ZIP		TREET ADDRESS	DO NOT WR	ITE
Treacurer		TLE .		
NAME HASSAN GRAB STREET ADDRESS 11835 OSPREY POINT CIRCLE		AME REET ADDRESS	IN THIS SPA	CE
CITY-ST-ZIP WELLINGTON F1 33467		TY-ST-ZIP		
TLE Secretary. AME FRANCINCLI		TLE .	,	
STREET ADDRESS 11835 OSPACY POINT URD		REET ADDRESS	• *	
CITY-ST-ZIP WEWINGTON FI. 3346		TY-ST-ZIP		
IAME		ILE .		
STREET ADDRESS CITY-ST-ZIP		REET ADDRESS IY-ST-ZiP		
13. I hereby certify that the information supplied with this indicated on this report or supplemental report is true of the corporation or the receiver or trustee empowe attachment with an address, Alth all other like empowers.	filing does not qualify for the exe and accurate and that my signered to execute this report as re	emption stated in Sec ature shall have the s	ame legal effect as if made under oath: that I	am an officer or director
SIGNATURE: SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF, SIGNING OFFICER OR DIRECTOR SIGNATURE AND TYPED OR PRINTED NAME OF, SIGNING OFFICER OR DIRECTOR Ocate Description of the control of th				