FILED

## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 06, 2002 8:00 am § Secretary of State P97000012083 DOCUMENT # 05-06-2002 90161 021 \*\*\*150.00 FLORIDA LANDSCAPE ENTERPRISES, INC. Principal Place of Business Mailing Address 3042 N EISENHOWER AVE. N EISENHOUSE AVE HERNANDO FL 34442 304Z HERNADO FL 34442 2. Principal Place of Busine Mailing Address NOE. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE & State City & State 4. FEI Number Applied For 59-3499770 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BANTON, WAYNE N Box Number is Not Acceptable 3042 NORTH EISENHOWER AVENUE 39 N NDW 98 HERNANDO FL 34442 City 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** Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 (9/07) TITLE Delete TITLE Robinson, Joy (~e [ Addition ROBINSON, JOYCE NAME NAME 3042 N EISENHOWER AVE. Eigenhoverale CR2E034 STREET ADDRESS STREET ADDRESS HERNANDO FL 34442 CITY-ST-ZIP CITY-ST-ZIP PD ☐ Delete TITLE Change ☐ Addition Banton, Gilbert NAME 3042 N EISENHOWER AVE. STREET ADDRESS STREET ADDRESS HERNANDO FL 34442 CITY-ST-ZIP CITY-ST-ZIP incendo: TITLE Delete TITLE ☐ Addition ☐ Change BANTON, WAYNE N NAME NAME STREET ADDRESS 3042 N EISENHOWER AVE. STREET ADDRESS **HERNANDO FL 34442** CITY-ST-ZIP CITY-ST-ZIP 11763 TITLE ☐ Delete Addition TITLE Change NAME NAME Adams lave STREET ADDRESS STREET ADDRESS CITY-ST-7IF CITY-ST-7IP 4.0611 TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR