

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Jan 08, 2001 8:00 am**  
**Secretary of State**

01-08-2001 90001 042 \*\*\*150.00

**DOCUMENT # P97000013131****1. Entity Name**  
**CABALLEROS LANDSCAPING, INC.****Principal Place of Business**  
697 STANFORD DR.  
ALTAMONTE SPRINGS FL 32714  
**Mailing Address**  
697 STANFORD DR.  
ALTAMONTE SPRINGS FL 32714**2. Principal Place of Business**  
**3. Mailing Address**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City &amp; State City &amp; State

Zip Country Zip Country

**4. FEI Number** 59-3427684  
Applied For  
Not Applicable**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent****CABALLORO, JAVIER**  
697 STANFORD DR.  
ALTAMONTE SPRINGS FL 32714**7. Name and Address of New Registered Agent**

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**   
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****TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
PSTD  
CABALLERO, JAVIER A  
697 STANFORD DR.  
ALTAMONTE SPRINGS FL 32714 ☐ Delete**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP** ☐ Delete**TITLE**  
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**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP** ☐ Delete**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP** ☐ Change ☐ Addition**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP** ☐ Change ☐ Addition**TITLE**  
**NAME**  
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**STREET ADDRESS**  
**CITY-ST-ZIP** ☐ Change ☐ Addition**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)