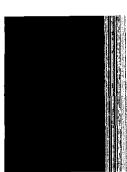
	UNIFORM BUSI		RT (UBF	R)				
DOCUMENT # \$97000014088					SECRETARY OF STATE OIVISION OF CORPORATIONS			
Four Seasons Landscaping and Lawn								
Maintenance Inc.								
Principal Place of Business Mailing Address					01 NOV -5 PM 4: 45			
14735 Cleri	NS INC 375 L 34712-0375							
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, FOUTE SEASONS INC P.O. BOX 120375			DO NOT WRITE IN THIS SPACE			
City & Star	te	City & CLERMONT, F	775 L 34712-0375		FEI Number 25-1784225	h	oplied For ot Applicable	
Zip	Country	Zip	Country		Certificate of Status Desired	\$8.75 Ad	ditional	
	6. Name and Address of Current F	Pagistared Agent			Name and Address of New Registered	Fee Require	ed b	
			Name					
Jodi B Jones			Street Ac	Street Address (P.O. Box Number is Not Acceptable)				
	Clarmont, Fl. 34711							
Clarmont, Fl. 34 111								
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the Statement for the purpose of changing its registered office or registered agent, or both, in the Statement for the purpose of changing its registered office or registered agent, or both, in the Statement for the purpose of changing its registered agent, or both, in the Statement for the purpose of changing its registered agent, or both, in the Statement for the purpose of changing its registered agent, or both, in the Statement for the purpose of changing its registered agent, or both, in the Statement for the purpose of changing its registered agent, or both, in the Statement for the purpose of changing its registered agent, or both, in the Statement for the purpose of changing its registered agent, or both, in the Statement for the purpose of changing its registered agent, or both, in the Statement for the purpose of changing its registered agent, or both its registered agent.					FL	Zip Cod	е	
8. The above	e named entity submits this statement for	the purpose of changing its r	registered office or	registered ag	ent, or both, in the State of Florida.			
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE:	Registered Agent signatur	e required when re	einstating) DATE			
9. This corpo	oration is eligible to satisfy its Intangible	FILE NOW!!	! FEE IS \$550.0	0	40 51 10 0 5	^-		
Tax filing requirement and elects to do so. (See criteria on back)		After September 12, 2001 Fee will be \$750 Make Check Payable to Department of Sta						
11.	OFFICERS AND I	DIRECTORS	12.	AD	DITIONS/CHANGES TO OFFICERS AND	DIRECTOR		
TITLE	President	☐ Delete	TITLE			☐ Change	☐ Addition 3	
NAME STREET ADDRESS CITY-ST-ZIP	Jodi Jones 14735 Yerrous Pine Cherning J. Jl. 347	.Ln	NAME STREET ADDRESS CITY-ST-ZIP	ET ADDRESS -12/07/0101003022			022 {	
TITLE	Secretary	Delete	TITLE		<u>****150.00</u>	· 李宗宗宗 [□ Change	Addition C	
NAME	150- "Th."	Delete	NAME			Onlings		
STREET ADDRESS	14735 yearow Preh		STREET ADDRESS					
CITY-ST-ZIP	Clermont, 71.347	<u> </u>	CITY-ST-ZIP			Channe	☐ Addition	
NAME		☐ Delete	TITLE NAME			☐ Change	☐ Addition	
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP	<u> </u>				
NAME	•	☐ Delete	TITLE NAME			Change	☐ Addition	
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP			•		
TITLE NAME		☐ Delete	TITLE NAME			☐ Change	☐ Addition	
STREET ADDRESS			STREET ADDRESS				ļ	
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			Change	☐ Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS		A	D		
CITY-ST-ZIP			CITY-ST-ZIP					
13. I hereby of indicated	certify that the information supplied with on this report or supplemental report is	this filing does not qualify for t	the exemption state	d in Section	119.07(3)(i), Florida Statutes. I further ce legal effect as if made under oath; that I	tify that the in	nformation or director	





numerical on this report of 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 received 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: