

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Sep 13, 2000 08:00 AM
Secretary of State****DOCUMENT # P97000033604****1. Entity Name**
ALL PHASE LANDCARE & LANDSCAPING CONTRACTOR, INC.

| | |
|------------------------------------|-------------------------|
| Principal Place of Business | Mailing Address |
| 10740 NORTH 56TH STREET | 10740 NORTH 56TH STREET |
| SUITE 193 | SUITE 193 |
| TEMPLE TERRACE FL | TEMPLE TERRACE FL |
| 33617 | 33617 |

| | |
|---------------------------------------|---------------------------|
| 2. Principal Place of Business | 3. Mailing Address |
| 10740 NORTH 56TH STREET | 10740 NORTH 56TH STREET |

| | |
|----------------------------|----------------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| PMB 193 | PMB 193 |

| | |
|-------------------------|-------------------------|
| City & State | City & State |
| TEMPLE TERRACE FL | TEMPLE TERRACE FL |

| | | | |
|------------|----------------|------------|----------------|
| Zip | Country | Zip | Country |
| 33617 | | 33617 | |

| | |
|----------------------|--------------------|
| 4. FEI Number | Applied For |
| 59-3437893 | Not Applicable |

| | | |
|---|--------------------------|---------------------------------------|
| 5. Certificate of Status Desired | <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|--------------------------|---------------------------------------|

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CATCHUR MARK A
101 EAST KENNEDY BOULEVARD
SUITE 2800
TEMPLE TERRACE FL
33617 US

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 | 09/13/2000 |
| <small>Signature, typed or printed name of registered agent and title if applicable</small> | <small>(NOTE: Registered Agent signature required when reinstating) DATE</small> |

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, 2000 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 | P | <input type="checkbox"/> Delete |
| NAME | FLEISHMAN DAVID M | |
| STREET ADDRESS | 10740 NORTH 56TH STREET, SUITE 193 | |
| CITY-ST-ZIP | TEMPLE TERRACE FL 33617 | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|-----------------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| CITY-ST-ZIP | |

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| TITLE | <input type="checkbox"/> Delete |
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| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE | <input type="checkbox"/> Delete |
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| CITY-ST-ZIP | |

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| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE | <input type="checkbox"/> Delete |
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| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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|-----------------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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: David Fleishman**Prepared:** 09/13/2000