

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 30, 2002 8:00 am**  
**Secretary of State**

09-30-2002 90181 023 \*\*\*150.00

DOCUMENT # P97000064212

1. Entity Name

FLORIDA LANDSCAPE CONSULTANTS, INC.

678579

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
14191 FENNSBURY DRIVE

Suite, Apt. #, etc.

3. Mailing Address  
14191 FENNSBURY DRIVE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
TAMPA, FL

City & State  
TAMPA, FL

4. FEI Number  
59-3465062

Applied For

Not Applicable

Zip  
33624

Country  
USA

Zip  
33624

Country  
USA

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
MICHAEL A. LANCASTER

Street Address (P.O. Box Number is Not Acceptable)

14191 FENNSBURY DRIVE

City  
TAMPA

FL

Zip Code  
33624

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 reappointing)

DATE:

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 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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	D MICHAEL A. LANCASTER 14191 FENNSBURY DRIVE TAMPA FL 33624	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE  
IN THIS SPACE**

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 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 Page #

CR2E034B (12/01)

**BACHMAN CPA, P.A.**

*Certified Public Accountant and Consultant*

*Attachment*

*678879*

*# P9700064212*

September 26, 2002

Overnight via Airborne Express  
Airbill #: 3152782651

Department of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399

Re: Florida Landscape Consultants, Inc.  
14191 Fennsbury Drive  
Tampa, FL 33624  
EIN #: 59-3465062  
Tax Return: 2002 Uniform Business Report

Dear Madam or Sir:

We are submitting the Uniform Business Report for a Profit Corporation along with a check in the amount of \$150.00 as suggested by an agent per phone conversation with the client yesterday. The client never received the original document.

We respectfully request that you remove the penalty and accept the enclosed payment.  
Thank you for your help in this matter.

Sincerely,  
Bachman CPA, P.A.

*Karen Cope Bachman, C.P.A.*

Karen Cope Bachman  
Certified Public Accountant