

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 02, 2003 8:00 am**  
**Secretary of State**

04-02-2003 90093 011 \*\*\*150.00

DOCUMENT # P97000064212

1. Entity Name  
FLORIDA LANDSCAPE CONSULTANTS, INC.



Principal Place of Business  
14191 FENNSBURY DR.  
TAMPA FL 33624

Mailing Address  
14191 FENNSBURY DR.  
TAMPA FL 33624

2. Principal Place of Business

17418 Brown Road

Suite, Apt. #, etc.

3. Mailing Address

17418 Brown Road

Suite, Apt. #, etc.

City & State

ODESSA FL.

City & State

ODESSA FL.

Zip

Country

33556

Zip

Country

33556

6. Name and Address of Current Registered Agent

LANCASTER, MICHAEL A  
14191 FENNSBURY DR.  
TAMPA FL 33624

7. Name and Address of New Registered Agent

Name Michael A. Lancaster

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

17418 BROWN ROAD

City

ODESSA

FL

Zip Code

33556

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D  
NAME LANCASTER, MICHAEL A  
STREET ADDRESS 14191 FENNSBURY DR.  
CITY-ST-ZIP TAMPA FL 33624

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D  
NAME LANCASTER Michael A.  
STREET ADDRESS 17418 BROWN ROAD  
CITY-ST-ZIP ODESSA FL. 33556

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 10 or Block 11 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

03-30-03 813-310-5174

Date

Daytime Phone #

CR2E034 (10/02)