

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000002327

1. Entity Name  
GARDEN LANDSCAPES, INC.

FILED  
Jan 30, 2002 8:00 am  
Secretary of State

01-30-2002 90105 026 \*\*\*150.00

0404613 AV

Principal Place of Business  
1440 SW ISABEL ROAD, OESTE  
BOCA RATON FL 33486

Mailing Address  
1440 SW ISABEL ROAD, OESTE  
BOCA RATON FL 33486

2. Principal Place of Business  
*Same as above*  
Suite, Apt. #, etc.

3. Mailing Address  
*Same as above*  
Suite, Apt. #, etc.

4. FEI Number 65-0802382  Applied For  
 Not Applicable

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

## 6. Name and Address of Current Registered Agent

WELLS, JOHN B  
1440 SW ISABEL ROAD, OESTE  
BOCA RATON FL 33486

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.  **FILE NOW!!! FEE IS \$150.00**  
After May 1, 2002 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD</b> WELLS, JOHN B 1440 SW ISABEL ROAD, OESTE BOCA RATON FL 33486	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *John B. Wells*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/2002 561-392-6438

Date

Daytime Phone #

FL-CR2E034 (9/01)