

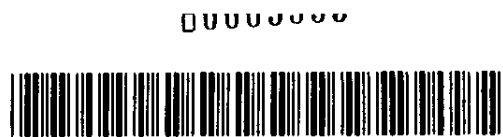
# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 15, 2002 8:00 am**  
**Secretary of State**

04-15-2002 90063 017 \*\*\*150.00

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<b>DOCUMENT # P98000077789</b>			
1. Entity Name <b>NATIONWIDE LANDSCAPE, TREE &amp; LAWN SERVICE INC.</b>			
Principal Place of Business <b>13071 NW 23RD ST. PEMBROKE PINES FL 33028</b>		Mailing Address <b>13071 NW 23RD ST. PEMBROKE PINES FL 33028</b>	
2. Principal Place of Business <b>5722 South Flamingo Rd</b>		3. Mailing Address <b>5722 South Flamingo Rd</b>	
Suite, Apt. #, etc. <b>#290</b>		Suite, Apt. #, etc. <b>#290</b>	
City & State <b>Cooper City, FL</b>		City & State <b>Cooper City, FL</b>	
Zip <b>33330</b>	Country	Zip <b>33330</b>	Country
6. Name and Address of Current Registered Agent  <b>THEISMANN, AMY 13071 NW 23RD ST. PEMBROKE PINES FL 33028</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>5722 South Flamingo Rd #290</b> City <b>Cooper City</b> <b>FL</b> Zip Code <b>33330</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)		<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	
		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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>P THEISMANN, AMY 13071 NW 23RD ST PEMBROKE PINES FL 33028</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>5722 South Flamingo Rd, #290 Cooper City, FL 33330</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <b>Amy Theismann</b>		Date <b>4/05/02</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)