

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2002 8:00 am**  
**Secretary of State**

04-18-2002 90474 009 \*\*\*150.00

**DOCUMENT # P98000085305**

**1. Entity Name**  
**RICCY'S LANDSCAPING SERVICES INC.**

**Principal Place of Business**  
**2414 COMMERCE BLVD.**  
**ORLANDO FL 32807**

**Mailing Address**  
**2414 GRESHAM DRIVE**  
**ORLANDO FL 32807**

**2. Principal Place of Business**  
**SAME**  
 Suite, Apt. #, etc.

**3. Mailing Address**  
**SAME**  
 Suite, Apt. #, etc.

**City & State**

**City & State**

**4. FEI Number** **65-0962559**

**Applied For**  
☐ **Not Applicable**

**Zip** **Country**

**Zip** **Country**

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

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**CARABEO, ONELIA**  
**2414 GRESHAM DRIVE**  
**ORLANDO FL 32807**

**Name** **ONELIA CARABEO**

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

**2414 GRESHAM DR.**

**City** **ORLANDO** **FL** **Zip Code** **32807**

**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** *Onelia Carabeo*

(NOTE: Registered Agent signature required when reinstating)

**DATE** **1/15/02**

**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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>	<b>V</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>CARABEO, RICCI</b>	
<b>STREET ADDRESS</b>	<b>2414 GRESHAM DR.</b>	
<b>CITY-ST-ZIP</b>	<b>ORLANDO FL 32817</b>	
<b>TITLE</b>	<b>PT</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>CARABEO, ONELIA</b>	
<b>STREET ADDRESS</b>	<b>2414 GRESHAM DR.</b>	
<b>CITY-ST-ZIP</b>	<b>ORLANDO FL 32817</b>	
<b>TITLE</b>	<b>S</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>CARABEO, KELLIE</b>	
<b>STREET ADDRESS</b>	<b>2414 GRESHAM DR.</b>	
<b>CITY-ST-ZIP</b>	<b>ORLANDO FL 32817</b>	
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

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

**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:** *Onelia Carabeo*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**DATE** **1/15/02** **DAYTIME PHONE #** **407 671-1214**

0000534 AV

CR2E034 (9/01)