

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90344 006 \*\*\*150.00

**DOCUMENT # P99000010628**



1. Entity Name  
**LANDSCAPES OF FLORIDA, INC.**

Principal Place of Business  
**1907 DOCKSIDE DR.  
VALRICO FL 33594**

Mailing Address  
**1907 DOCKSIDE DR.  
VALRICO FL 33594**



2. Principal Place of Business  
**804 VICTORIA ST**  
Suite, Apt. #, etc.

3. Mailing Address  
**804 VICTORIA ST**  
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State  
**BRANDON, FL**  
Zip **33510** Country  
**FL HILLS**

City & State  
**BRANDON, FL**  
Zip **33510** Country  
**FL HILLS**

4. FEI Number **59-3562497**

Applied For  
Not Applicable

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

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

**REEL, DAVID M  
1907 DOCKSIDE DR.  
VALRICO FL 33594**

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

SIGNATURE \_\_\_\_\_ (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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>REEL, RACHEL</b>	
STREET ADDRESS	<b>1907 DOCKSIDE DR</b>	
CITY-ST-ZIP	<b>VALRICO FL 33594</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>QUESADA, CAROL</b>	
STREET ADDRESS	<b>7614 S 34TH AVE</b>	
CITY-ST-ZIP	<b>TAMPA FL 33619</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>REEL, KELLY</b>	
STREET ADDRESS	<b>104 ROSANA DR</b>	
CITY-ST-ZIP	<b>BRANDON FL 33511</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:** *Rachel Reel* **SIGNATURE REQUIRED** **RACHEL REEL** **APRIL 18, 2003** **813-689-2228**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)