

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90100 041 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # p99 000017739

1. Entity Name

EXTERIOR ELEGANCE LANDSCAPE INC ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6611 NASSER LANE

Suite, Apt. #, etc.

3. Mailing Address

6611 NASSER LANE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

PORT ORANGE FL

City & State

PORT ORANGE FL

4. FEI Number

59-3565208

Applied For

Not Applicable

Zip

32128

Country

Zip

32128

Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

GARGANI, MICHAEL

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

6611 NASSER LANE

City

PORT ORANGE

FL

Zip Code

32128

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

Michael Gargani MICHAEL GARGANI

4/27/02

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

(NOTE: Registered Agent signature required when resigning)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

☐

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

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

TITLE	<u>PS</u>
NAME	<u>GARGANI, MICHAEL</u>
STREET ADDRESS	<u>6611 NASSER LANE</u>
CITY - ST - ZIP	<u>PORT ORANGE FL 32128</u>
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	

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	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Michael Gargani MICHAEL GARGANI

Date

4/27/02 386-761-9366

Daytime Phone #

CR2E034B (12/01)