2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000019870

1. Entity Name

MEDALLADA LANDSCAPING & DESIGN, INC.



FILED Mar 28, 2003 8:00 am Secretary of State

03-28-2003 90107 038 ***150.00

		300	9411					
Principal Place of Business 1728 NORTH 1ST STREET JACKSONVILLE FL 32250 BOH TU	Mailing Address 1728 NORTH 181 STRI JACKSONVILLE FL 322							
2. Principal Place of Business 1620 - FARK TELL	ACC 11851				AL DOUGH EDITOR INDI	. 		
Suite, Apt. #, etc.	Suite, Apt. #, etc.			CHECK HERE	F MAKING C	HANGES		
(H) Antic Beach, FL	hic Black, FL City & State		4.	FEI Number 59-3548151		<u> </u>	pplied For ot Applicable	-
Zip Country	Zip	Country	5.	Certificate of Status Desired		8.75 Ad		
6. Name and Address of C	Current Registered Agent	<u> </u>	7.	Name and Address of New Ro	egistered Ag	ent		1
		Name						
SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE		Street	Street Address (P.O. Box Number is Not Acceptable)					
CORAL GABLES FL 33134								l
		City			FL	Zip Coc	de	
8. The above named entity submits this state the obligations of registered agent.	ement for the purpose of changing	its registered office	or registered a	gent, or both, in the State of Flo	rida. I am far	niliar with,	and accept	
the obligations of registered agent.								Ì
SIGNATURESignature, typed or printed name of registe	ered agent and title if applicable. (N	NOTE: Registered Agent sign	nature required when	reinstating)	DATE			
FILE NOW!!! FEE IS \$150.	nn							İ
After May 1, 2003 Fee will be \$5	I			 Election Campaign Fin- Trust Fund Contribution 			00 May Be d to Fees	
Make Check Payable to Florida Departi				mast rana commisation				
		11.	,	ADDITIONS/CHANGES TO OFFI	· –		RS IN 11	
	ment of State	11.			CERS AND D		RS IN 11	(00)
10. OFFICER TITLE PSTD NAME MEDALLADA, BOBBY	RS AND DIRECTORS	TITLE NAME	, a a	DDITIONS/CHANGES TO OFFI	CERS AND D	DIRECTOR Change		(40/05)
TITLE PSTD MEDALLADA, BOBBY STREET ADDRESS 1728 NORTH_IST_STREET	RS AND DIRECTORS	TITLE NAME STREET ADDRES	, a a	DDITIONS/CHANGES TO OFFI	CERS AND D	DIRECTOR Change		1
10. OFFICER TITLE PSTD NAME MEDALLADA, BOBBY	RS AND DIRECTORS	TITLE NAME	, a a	DDITIONS/CHANGES TO OFFI	CERS AND D	DIRECTOR Change	☐ Addition	9E034 (4
TITLE PSTD MEDALLADA, BOBBY 1728 NORTH 1ST STREET JACKSONVILLE FL 32250 TITLE D	ment of State RS AND DIRECTORS Delete	TITLE NAME STREET ADDRES CITY-SY-ZIP TITLE	, a a	DDITIONS/CHANGES TO OFFI	CERS AND D	DIRECTOR Change		9E034 (4
TITLE PSTD MEDALLADA, BOBBY 1728 NORTH 1ST STREET JACKSONVILLE FL 32250 TITLE D	ment of State RS AND DIRECTORS Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP TITLE NAME	1620 MLAM	PARK TENNACE TO OFFI PARK TENNACE WA TENNACE PARK TENNACE PARK TENNACE	CERS AND D	Change Change	☐ Addition	9E034 (4
10. OFFICER TITLE PSTD MEDALLADA, BOBBY 1728 NORTH_1ST STREET JACKSONVILLE FL 32250 TITLE D MEDALLADA, PATRICIA 1728 NORTH FIORST STR	THEET MW	TITLE NAME STREET ADDRES CITY-ST-ZIP TITLE NAME STREET ADDRES	1620 MLAM	PARK TENNACE TO OFFI PARK TENNACE WA TENNACE PARK TENNACE PARK TENNACE	CERS AND D	Change Change	☐ Addition	CB2E034 (10/02)
TITLE NAME STREET ADDRESS CITY-ST-ZIP TO MEDALLADA, BOBBY 1728 NORTH 1ST STREET JACKSONVILLE FL 32250 MEDALLADA, PATRICIA 1728 NORTH FLORST STR 1728 NORTH FLORST STR JACKSONVILLE BEACH FL	ment of State RS AND DIRECTORS Delete MUVL Delete Delete Delete Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP TITLE NAME STREET ADDRES CITY-ST-ZIP	1620 MLAM	DDITIONS/CHANGES TO OFFI	CERS AND C	Change	☐ Addition☐ Addition☐ Addition	9E034 (4
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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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE INTERPRETATION OFFICER OR DIRECTOR

1-14-0:

904246

Daytime Phone 9050