FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED

02 APR 25 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P990000 20905

1. Entity Name
All Seasons Lawn and Landscape Concepts, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5840 Red Bug Lake Rd.	5840 Red Bug Lake Rd.
Suite, Apt. #, etc. #5	Suite, Apt. #, etc. #5
City & State Winter Springs, FL	City & State Winter Springs, FL
Zip 32708 Country USA	Zip 32708 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3557719 ☐ Applied For ☐ Not Applicable

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: Kathleen Turner Mgr. Mail Copy Plus

Street Address (P.O. Box Number is Not Acceptable): 5840 Red Bug Lake Road #5

City: Winter Springs FL Zip Code: 32708

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: Kathleen Turner Kathleen Turner 4/12/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	
P	Steven Benfer 5840 Red Bug Lake Rd #5 Winter Springs FL 32708
T	Carmen Benfer 5840 Red Bug Lake Rd #5 Winter Springs FL 32708

	000005451280--1 -05/06/02--01002--017 ****458.75 ****458.75
	DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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: Carmen L. Benfer Carmen L. Benfer 4/12/02 407-324-5296
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment Doc.# P99000020905

All Seasons Lawn & Landscape Concepts, Inc.
Post Office Box 196485
Winter Springs, FL 32719

April 12, 2002

Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Document #P9900002095

To Whom It May Concern:
We had not received any notices for the Uniform Business Report and request that payment in the amount of $450.00 be accepted for reinstatement of All Seasons Lawn & Landscape Concepts.

Sincerely,

Steve Benfer
President
All Seasons Lawn & Landscape Concepts, Inc.
Cc:/file/B.C.