

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000024706**

1. Entity Name

LANDSCAPE PEST SERVICES INC.**FILED**
Mar 22, 2001 8:00 am
Secretary of State

03-22-2001 90004 001 ***150.00

Principal Place of Business
130 CHAPEL LN
TEQUESTA FL 33469Mailing Address
130 CHAPEL LN
TEQUESTA FL 334692. Principal Place of Business
Suite, Apt. #, etc.3. Mailing Address
P.O. Box 4294
Suite, Apt. #, etc.City & State
Tequesta, FLZip
33469 Country
U.S.A.4. FEI Number
65-0908392 Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**6. Name and Address of Current Registered Agent
SANTANGELO, CHRISTOPHER J
130 CHAPEL LN
TEQUESTA FL 334697. 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.

SIGNATURE _____ (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) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**11. OFFICERS AND DIRECTORS
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PVSD
SANTANGELO, CHRISTOPHER J
130 CHAPEL LANE
TEQUESTA FL 33469
☐ Delete
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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CITY-ST-ZIP
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NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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: Christopher James Santangelo 3/19/01 561-748-9028
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #