2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000067041

1. Entity Name

CONTINENTAL LANDSCAPING AND LAWN MAINTENANCE, IN

Principal Place of Business	Mailing Address
2950 NORTH 28TH TERR.	2950 NORTH 28TH TERR.
HOLLYWOOD FL 33020	HOLLYWOOD FL 33020

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country	Zip	Country

4. FEI Number   **65-0964650**   ☐ Applied For / Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent	**7. Name and Address of New Registered Agent**
SCHATZ, RICHARD E	Name
150 W. FLAGLER ST.	Street Address (P.O. Box Number is Not Acceptable)
MIAMI FL 33130	
Pls Add! Stearns, Weaver, etal	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 _____

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) ☐	**FILE NOW!!! FEE IS $150.00** After MAY 1, 2001 Fee will be $550.00 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		**12.** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: D NAME: PATTERSON, D. SCOTT STREET ADDRESS: 1140 BAY ST., STE. 4000 CITY-ST-ZIP: TORONTO, ONTARIO, M5S 2B4	☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☐ Addition
TITLE: D NAME: GOMBERG, GENE STREET ADDRESS: 2950 N. 28TH TERRACE CITY-ST-ZIP: HOLLYWOOD FL 33020	☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☐ Addition
TITLE: DP NAME: FACARAZZO, LUKE JR STREET ADDRESS: 2950 N. 28TH TERRACE CITY-ST-ZIP: HOLLYWOOD FL 33020	☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☐ Addition
TITLE: DS NAME: STRUNIN, RICHARD STREET ADDRESS: 2950 N. 28TH TERRACE CITY-ST-ZIP: HOLLYWOOD FL 33020	☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☐ Addition
TITLE: TCFO NAME: CHRISTENSEN, STEVEN J STREET ADDRESS: 2950 N. 28TH TERRACE CITY-ST-ZIP: HOLLYWOOD FL 33020	☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☐ Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Delete	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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/3/01   Date   (954) 925-8200   Daytime Phone #   X2288

CR2E034 (10/00)