

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90064 011 ***150.00

DOCUMENT # P99000074431

1. Entity Name

SUN STATE LANDSCAPING OF NORTH FLORIDA, INC.

Principal Place of Business

**1714 HIGH POINT DRIVE
 LAKELAND FL 33813**

Mailing Address

**1714 HIGH POINT DRIVE
 LAKELAND FL 33813**

2. Principal Place of Business

3. Mailing Address

8980 Erie Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Parrish, Florida

Zip

Country

Zip

Country

34219

4. FEI Number

58-2487760

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

**WICKMAN & WYCKOFF, P.A.
 4909 MANATEE AVENUE WEST
 BRADENTON FL 34209**

7. Name and Address of New Registered Agent

Name

Carlos Alvarez

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

8980 Erie Lane

City **Parrish**

FL

Zip Code
34219

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

CARLOS ALVAREZ PRESIDENT

4/8/02

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, 2002 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

TITLE **P** ☐ Delete
 NAME **ALVAREZ, CARLOS**
 STREET ADDRESS **1714 HIGH POINT DR**
 CITY-ST-ZIP **LAKELAND FL 33813**

TITLE **VP** ☐ Delete
 NAME **HAND, RANDALL**
 STREET ADDRESS **5208 PINE LEVEL GRADE RD**
 CITY-ST-ZIP **ONA FL 33865**

TITLE **S** ☐ Delete
 NAME **HAND, RANDALL**
 STREET ADDRESS **5208 PINE LEVEL GRADE RD**
 CITY-ST-ZIP **ONA FL 33865**

TITLE **T** ☐ Delete
 NAME **ALVAREZ, CARLOS**
 STREET ADDRESS **1714 HIGH POINT DR**
 CITY-ST-ZIP **LAKELAND FL 33813**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

CARLOS ALVAREZ PRESIDENT

4/8/02

Date

Daytime Phone #

CR2E034 (9/01)