

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 26, 2002 8:00 am
Secretary of State

03-26-2002 90012 040 ***158.75

DOCUMENT # P99000103698
1. Entity Name
MJM LANDSCAPE & TREE FARM, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1707 e Semoran Blvd
Suite, Apt. #, etc.

3. Mailing Address
1002 WINDSONG CIRCLE
Suite, Apt. #, etc.

0050461

DO NOT WRITE IN THIS SPACE

City & State
APOPKA FL

City & State
APOPKA, FL

4. FEI Number
59-3614235

Applied For
 Not Applicable

Zip
32704 Country

Zip
32704 Country

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
GARY M. MAZZOLI

Street Address (P.O. Box Number is Not Acceptable)
1002 WINDSONG CIRCLE

City
APOPKA, FL **FL** Zip Code
32703

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)

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	<u>PRES</u> <u>GARY M MAZZOLI</u> <u>1002 WINDSONG CIRCLE</u> <u>APOPKA, FL 32703</u>
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IN THIS SPACE**

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: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034B (12/01)