

2002 UNIFORM BUSINESS REPORT (UBR)

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

03-26-2002 90049 043 ***150.00

DOCUMENT # P99000106395

1. Entity Name

PREMIER LANDSCAPING OF VENICE, INC.

Principal Place of Business

**7025 S. TAMIMI TRAIL
 VENICE FL 34293**

Mailing Address

**7025 S. TAMIMI TRAIL
 VENICE FL 34293**

2. Principal Place of Business

6756 Ruff St.

Suite, Apt. #, etc.

3. Mailing Address

6756 Ruff St.

Suite, Apt. #, etc.

City & State

North Port FL

City & State

North Port FL

4. FEI Number

65-0966719

Applied For

Not Applicable

Zip

34286

Country

USA

Zip

34286

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**BUNKLEY, BOBBY R
 7025 S. TAMIMI TRAIL
 VENICE FL 34293**

7. Name and Address of New Registered Agent

Name

Bobby R Bunkley

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

6756 Ruff St.

City

North Port

FL

Zip Code

34286

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

Bobby Bunkley

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/12/02

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	<input type="checkbox"/> Delete
NAME	BUNKLEY, BOBBY	
STREET ADDRESS	7025 S. TAMIMI TRAIL	
CITY-ST-ZIP	VENICE FL 34293	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BUNKLEY, KRISTIA	
STREET ADDRESS	7025 S. TAMIMI TRAIL	
CITY-ST-ZIP	VENICE FL 34293	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bobby Bunkley	
STREET ADDRESS	6756 Ruff St.	
CITY-ST-ZIP	North Port FL 34286	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kristia Bunkley	
STREET ADDRESS	6756 Ruff St.	
CITY-ST-ZIP	North Port FL 34286	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Kristia Bunkley VP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-02

Date

941-915-3272

Daytime Phone #

CR2E034 (9/01)