

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State
 05-02-2001 90197 010 ***150.00

DOCUMENT # S33924

1. Entity Name

SAWGRASS LANDSCAPE SERVICES, INC..

Principal Place of Business

2090 S.W. 71ST TERR.

#G8

DAVIE FL 33317

Mailing Address

2090 S.W. 71ST TERR.

#G8

DAVIE FL 33317

2. Principal Place of Business

2051 SW 70 AVE

Suite, Apt. #, etc.

E 21

3. Mailing Address

2051 SW 70 AVE

Suite, Apt. #, etc.

E 21

City & State

DAVIE FLORIDA

City & State

DAVIE FLORIDA

Zip

33317

Country

U.S.A.

Zip

33317

Country

U.S.A.

4. FEI Number

59-3051064

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PALAZZOLO, JEROME

2090 S.W. 71ST TERR. GB

DAVIE FL 33317

7. Name and Address of New Registered Agent

Name

JEROME PALAZZOLO

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

2051 SW 70 AVE E 21

City

DAVIE

FL

Zip Code

33317

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

TITLE **PSTD** ☐ Delete
 NAME **PALAZZOLO, JEROME**
 STREET ADDRESS **2090 S.W. 71ST TERR. GB**
 CITY-ST-ZIP **DAVIE FL 33317**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSTD** ☒ Change ☐ Addition
 NAME **JEROME PALAZZOLO**
 STREET ADDRESS **2051 SW 70 AVE E 21**
 CITY-ST-ZIP **DAVIE FL 33317**

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

TITLE ☐ Change ☐ Addition
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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: **Jerome Palazzolo** **JEROME PALAZZOLO Pres** **4/24/01** **954-452-0446**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)