

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90046 004 ***150.00

0310299 AV

DOCUMENT # S33924

1. Entity Name

SAWGRASS LANDSCAPE SERVICES, INC..

Principal Place of Business

**2051 SW 70 AVE #E 21
 DAVIE FL 33317**

Mailing Address

**2051 SW 70 AVE #E 21
 DAVIE FL 33317**

2. Principal Place of Business

3882 SW 30th Avenue

Suite, Apt. #, etc.

3. Mailing Address

3882 SW 30th Ave

Suite, Apt. #, etc.

City & State

Hollywood, Florida

City & State

Hollywood, Florida

Zip

33312

Country

USA

Zip

33312

Country

USA

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

2051 SW 70 AVE #E 21

DAVIE FL 33317

Name

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

3882 SW 30th Ave

City

Hollywood

FL

Zip Code

33312

7. Name and Address of New Registered Agent

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, 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 **PSTD** ☐ Delete
 NAME **PALAZZOLO, JEROME**
 STREET ADDRESS **2051 SW 70 AVE #E 21**
 CITY-ST-ZIP **DAVIE FL 33317**

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

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 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 **3882 SW 30th Ave**
 CITY-ST-ZIP **Hollywood, Florida 33312**

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

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 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/23/02

CR2E034 (9/01)