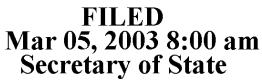
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) **DOCUMENT #** S67871



1. Entity Name CUSTOM LANDSCAPE & NURSERY, INC.						03-05-2003 90068 042 ***150.00		
	ace of Business (ANSAS AVENUE 34997	P.O.	Mailing Address P.O. BOX 1382 JENSEN BEACH FL 34958-1382				3.5.	
2. Principal	Place of Business	3. Ma	ailing Address					
Suite, Ap	t. #, etc.	Su	Suite, Apt. #, etc.			~ ☐ CHECK HERE IF MAKINI		
City & Sta	ate	Cit	City & State			4. FEI Number 50-1697020 Applied For		
Zip	Country	Zip		Country		5. Certificate of Status Desired	\$8.75 A	
	6. Name and Addre	ed Agent	'		7. Name and Address of New Registered		Lea	
				Na	me	7. Name and Address of New Registered	Agent	
2245 N.E	KI, STEVEN :: E. RUSTIC PLACE		Stre	et Address (P.O. Box Number is Not Acceptable)			
JENSEN	BEACH FL 34957			Cit				
,	<u> </u>	, <u></u>		City		FL	Zip Co	
8. The above the obline	e named entity submits the tions of registered agent.	is statement for the purp	ose of changing its	registered office	ce or register	ed agent, or both, in the State of Florida. I am	 familiar with	n, and accept
•	-g							·
SIGNATURE	Signature, typed or printed name	of registered agent and title if app	olicable. (NOT	E: Registered Agent	signature required	when reinstating) DATE		
	ILE NOW!!! FEE IS	\$150.00		-	· <u> </u>	37	·	
Make Check	r May 1, 2003 Fee will k Payable to Florida D	be \$550.00 epartment of State		الم	.e	9. Election Campaign Financing Trust Fund Contribution	\$5.0 Adde	00 May Be ed to Fees
10.		FICERS AND DIRECTO	RS	11.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTOR	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GLOWACKI, STEVEN 2245 NE RUSTIC PL	ACE .	□ Delete	, titlé Name Street addri	ess -	,	☐ Change	☐ Addition
TITLE	JENSEN BEACH FL	34957	Delete	CITY-ST-ZIP				
NAME STREET ADDRESS			D Delete	NAME STREET ADDRE			☐ Change	☐ Addition
CITY-ST-ZIP	·			CITY-ST-ZIP	33			
TITLÉ NAME			Delete	TITLE NAME			☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP				STREET ADDRE	ss			
TITLE		1	☐ Delete	TITLE	-	· · · · · · · · · · · · · · · · · · ·	☐ Change	☐ Addition
NAME STREET ADDRESS				NAME				
CITY-ST-ZIP				STREET ADDRE	SS	• .		
TITLE			☐ Delete	TITLE	<u> </u>	-	☐ Change	Addition
NAME STREET ADDRESS				NAME				
STREET ADDRESS CITY-ST-ZIP				STREET ADDRES	ss			
TITLE			☐ Delete	TITLE			Change	Addition
NAME STREET ADDRESS				NAME	.		·	
CITY-ST-ZIP				STREET ADDRES	S			
12. Thereby ce	ertify that the information	supplied with this filing o	loes not qualify for t		tated in Sect	tion 119.07(3)(i), Florida Statutes. I further certii	y that the in	formation

of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes. Further certify that the information 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 10 or Block 11 if

SIGNATURE: