

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S75972	
1. Entity Name CREATIVE LANDSCAPE & IRRIGATION OF TALLAHASSEE, INC.	



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 MAY 15 AM 11:18

Principal Place of Business 3618 THOMASVILLE RD TALLAHASSEE, FL 32308 US	Mailing Address 3618 THOMASVILLE RD. TALLAHASSEE, FL 32308 US
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2. Principal Place of Business 2635 Streetfair Ln Suite, Apt. #, etc.	3. Mailing Address 2635 Streetfair Suite, Apt. #, etc.
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☒ CHECK HERE IF MAKING CHANGES

City & State Tallahassee	City & State Tallahassee	4. FEI Number 59-3083422	Applied For Not Applicable
Zip FL	Country Leon	Zip 32317	Country U.S.

5. Name and Address of Current Registered Agent GAZIOCH, FRANK U. 3618 THOMASVILLE RD TALLAHASSEE, FL 32308	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2635 Streetfair Ln City Tallahassee FL Zip Code 32317
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B. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST GAZIOCH, FRANK 3618 THOMASVILLE, RD. TALLAHASSEE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2635 Streetfair Ln Tallahassee FL 32317 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] 5-15-03 850 510-5080
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)