

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 02, 2002 8:00 am**  
**Secretary of State**

04-02-2002 90961 018 \*\*\*150.00

0090054 AV

**DOCUMENT # V02104**

1. Entity Name  
**LANDSCAPE MANAGEMENT OF SOUTH FLORIDA, INC.**

Principal Place of Business  
**3030 NW 25 AVE.**  
**POMPANO BCH. FL 33069**  
**US**

Mailing Address  
**906 SW 36 CT.**  
**BOYNTON BCH. FL 33435**  
**US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**906 S.W. 36 CT.**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Boynton Bch. Florida.**

City & State

4. FEI Number **65-0301754**

Applied For  
 Not Applicable

Zip **33435** Country **U.S.A.**

Zip Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**EASTHAM & CLIVE P.A.**  
**906 S.W. 36TH COURT**  
**BAYTON BEACH FL 33435**

**7. Name and Address of New Registered Agent**

Name

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

City

**FL**

Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

*3/24/02*  
 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 **D** ☐ Delete  
 NAME **PROTESTO, JAMES R.**  
 STREET ADDRESS **906 S.W. 36TH CT**  
 CITY-ST-ZIP **BOYTON BEACH FL**

TITLE **PT** ☐ Delete  
 NAME **PROTESTO, JAMES JR**  
 STREET ADDRESS **906 SW 36TH COURT**  
 CITY-ST-ZIP **BOYNTON BEACH FL 33435**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 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  
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ 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:

*[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/24/02*  
 Date

Daytime Phone #

CR2E034 (9/01)