



FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90467 008 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # V02104					
1. Entity Name LANDSCAPE MANAGEMENT OF SOUTH FLORIDA, INC.					
Principal Place of Business 6760 EASTVIEW DR. LANTANA, FL 33462 US		Mailing Address 6760 EASTVIEW DR. LANTANA, FL 33462 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0301754	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
EASTHAM & CLIVE P.A. 906 S.W. 36TH COURT BAYTON BEACH, FL 33435				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____					
FILE NOW!!! FEE IS \$160.00 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					
10. OFFICERS AND DIRECTORS					
TITLE	D	<input type="checkbox"/> Delete			
NAME	PROTESTO, JAMES R.				
STREET ADDRESS	906 S.W. 36TH CT				
CITY-ST-ZIP	BOYTON BEACH, FL				
TITLE	PT	<input type="checkbox"/> Delete			
NAME	PROTESTO, JAMES JR				
STREET ADDRESS	906 SW 36TH COURT				
CITY-ST-ZIP	BOYNTON BEACH, FL 33435				
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
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 power like empowered.					
SIGNATURE:  3/10/2003					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATORY OFFICER OR DIRECTOR					
Daytime Phone #					

CR2E034 (1/02)