

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90146 039 ***150.00

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

DOCUMENT # V41347

1. Entity Name
K.P.R. Landscaping and Maintenance, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
7552 Navarre Pkwy
Suite, Apt. #, etc.

3. Mailing Address
7552 Navarre Pkwy
Suite, Apt. #, etc.

City & State
Navarre FL

City & State
Navarre, FL

4. FEI Number
59-3124923
Applied For
Not Applicable

DO NOT WRITE IN THIS SPACE

Zip
32566
Country
Santa Rosa

Zip
32566
Country
Santa Rosa

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
Ruecroft Kendall
Street Address (P.O. Box Number is Not Acceptable)
7552 Navarre Pkwy
Suite 12
City
Navarre FL Zip Code
32566

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 re-appointing)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and agrees to do so. (See criteria on back)

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Pres/Director</u> <u>Ruecroft Kendall</u> <u>7552 Navarre Pkwy 12</u> <u>Navarre, FL 32566</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>VP</u> <u>Ruecroft, Dawn</u> <u>7552 Navarre Pkwy 12</u> <u>Navarre, FL 32566</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Adler, Jim</u> <u>7552 Navarre Pkwy 12</u> <u>Navarre FL 32566</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>S</u> <u>Overholte Scott</u> <u>7552 Navarre Pkwy 12</u> <u>Navarre, FL 32566</u>
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DO NOT WRITE IN THIS SPACE

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with another like empowered.

SIGNATURE: Dawn A. Ruecroft
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-02
DATE

CR2E034B (12/01)