

**2022 FOREIGN PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# F15000005028

**Entity Name:** YELLOWSTONE LANDSCAPE, INC.

**FILED**  
**Aug 10, 2022**  
**Secretary of State**  
**3587505458CC**

**Current Principal Place of Business:**

3235 N. STATE STREET  
P O BOX 849  
BUNNELL, FL 32110

**Current Mailing Address:**

3235 N. STATE STREET  
P O BOX 849  
BUNNELL, FL 32110 US

**FEI Number: 80-0144209**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT, CEO, DIRECTOR  
Name            PORTLAND, TIMOTHY  
Address        P O BOX 849  
City-State-Zip: BUNNELL FL 32110

Title            DIRECTOR  
Name            PERRY, CHRIS  
Address        3235 N. STATE STREET  
                  P O BOX 849  
City-State-Zip: BUNNELL FL 32110

Title            DIRECTOR  
Name            POTTERS, DOUG  
Address        3235 N. STATE STREET  
                  P O BOX 849  
City-State-Zip: BUNNELL FL 32110

Title            DIRECTOR  
Name            COMPALL, JOHN  
Address        3235 N. STATE STREET  
                  P O BOX 849  
City-State-Zip: BUNNELL FL 32110

Title            DIRECTOR  
Name            THARRINGTON, OWEN  
Address        3235 N. STATE STREET  
                  P O BOX 849  
City-State-Zip: BUNNELL FL 32110

Title            VP, CONTROLLER, ASSISTANT  
                  TREASURER, SECRETARY  
Name            ADORNETTI, CHRISTOPHER MICHAEL  
Address        P O BOX 849  
City-State-Zip: BUNNELL FL 32110

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: CHRISTOPHER MICHAEL ADORNETTI**

**VP, CONTROLLER,  
ASSISTANT TREASURER,  
SECRETARY**

**08/10/2022**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

