

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90042 030 ***150.00

DOCUMENT # P00000022835

1. Entity Name
GLENCOE LANDSCAPING, INC.

Principal Place of Business
**1989 S. GLENCOE ROAD
 NEW SMYRNA BEACH FL 32168**

Mailing Address
**P.O. BOX 225
 EDGEWATER FL 32141**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3628568

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HILL, RONALD D
 1989 S. GLENCOE ROAD
 NEW SMYRNA BEACH FL 32168**

Name **Ronald D. Hill**
 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 *Ronald D Hill Pres.*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/15/01

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** Delete
 NAME **HILL, RONALD D**
 STREET ADDRESS **1989 S. GLENCOE ROAD**
 CITY-ST-ZIP **NEW SMYRNA BEACH FL 32168**

TITLE Change Addition
 NAME **Ronald D. Hill**

TITLE **SVD** Delete
 NAME **HILL, SANDRA L**
 STREET ADDRESS **1989 S. GLENCOE ROAD**
 CITY-ST-ZIP **NEW SMYRNA BEACH FL 32168**

TITLE Change Addition
 NAME **Sandra L. Hill**

TITLE Delete

TITLE Change Addition

TITLE Delete

TITLE Change Addition

TITLE Delete

TITLE Change Addition

TITLE Delete

TITLE Change Addition

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: *Sandra L Hill* **Sandra L. Hill**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

VP/Sec 4/15/01

Daytime Phone #

**386-427
 0239**

CR2E034 (10/00)