

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 08, 2001 8:00 am**  
**Secretary of State**

03-08-2001 90084 050 \*\*\*150.00

**DOCUMENT # P96000000830**

1. Entity Name

**GARY STOUT LANDSCAPING, INC.**

Principal Place of Business

Mailing Address

2421 NE 13TH STREET  
 FORT LAUDERDALE FL 33304  
 US

P.O. BOX 111  
 FORT LAUDERDALE FL 33302  
 US

2. Principal Place of Business

*1948 N.E. 7 TERR.*

3. Mailing Address

Suite, Apt. #, etc.

City & State

*Wilton Manors, FL*

City & State

4. FEI Number

**65-0636046**

Applied For

Not Applicable

Zip

*33305*

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

**CASORIA & GOFF, P.A.**  
 1040 BAYVIEW DRIVE  
 SUITE 600  
 FORT LAUDERDALE FL 33304

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

(NOTE: Registered Agent signature required when reinstating)

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, 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	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>STOUT, GARY L</b>
STREET ADDRESS	<b>2421 NE 13 STREET</b>
CITY-ST-ZIP	<b>FORT LAUDERDALE FL</b>

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 individuals empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*GARY STOUT*  
**GARY STOUT**

Date

Daytime Phone #

*3/5/01 954-560-8443*

CR2E034 (10/00)