

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 315492

1. Entity Name
RENFROE LANDSCAPING CO INC

FILED
Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90315 008 ***150.00

C0039933



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1076 GOODLETTE RD NO NAPLES FL 34102-5449 US		Mailing Address 1076 GOODLETTE RD NO NAPLES FL 33940	
c/o Hank Buckhannan			
2. Principal Place of Business 900 Bald Eagle Drive		3. Mailing Address same	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip 34105	Country	Zip	Country
4. FEI Number 59-1167464		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 RENFROE, A, STOCKTON 1076 GOODLETTE RD NO NAPLES FL 34102		7. Name and Address of New Registered Agent Name Hank Buckhannan Street Address (P.O. Box Number is Not Acceptable) 900 Bald Eagle Drive City FL Zip Code 34105	
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 <u><i>WAB</i></u> <u><i>FRS. (W.H. Buckhannan)</i></u> DATE <u><i>3/27/01</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		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. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BUCKHANNAN, WILLIAM <input type="checkbox"/> Delete 900 BALD EAGLE DR NAPLES FL 34105	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS VEGA, GEORGE <input type="checkbox"/> Delete 3455 FT CHARLES NAPLES FL 34102	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD RENFROE, A STOCKTON <input checked="" type="checkbox"/> Delete 3655 GORDON DR NAPLES FL 34102	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u><i>WAB</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u><i>FRS</i></u> <u><i>3/27/01</i></u> <u><i>941-213-1672</i></u> <small>Date Daytime Phone #</small>	

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CR2E034 (10/00)