

DOCUMENT # 582575

1. Entity Name
HOLLAND LANDSCAPING AND TREE SERVICE, INC.

FILED
Jan 13, 2001 8:00 am
Secretary of State

01-13-2001 90062 044 ***150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
 P.O. BOX 396 P.O. BOX 396
 OSPREY FL 34229 OSPREY FL 34229

2. Principal Place of Business 2. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 P.O. Box 222

City & State City & State
 Osprey FL Osprey FL

Zip Country Zip Country
 34229 Sarasota

4. FEI Number 59-1847016 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
~~AMERMAN, CARLE
 1124 S. CYPRESS POINT DRIVE
 VENICE FL 34293~~

7. Name and Address of New Registered Agent
 Name: Samuel J Holland
 Street Address (P.O. Box Number is Not Acceptable):
 68 old venice Rd
 City: Osprey FL Zip Code: 34229

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]* SAM Holland 1-8-01
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT HOLLAND, KATHIE PO BOX 222 440 SHOTGUN LANE OSPREY FL 34229	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS HOLLAND, SAMUEL J 68 OLD VENICE RD OSPREY FL 34229	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HOLLAND, BERRY R 440 SHOTGUN LANE OSPREY FL 34229	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT Samuel Holland 68 old venice Rd Osprey FL 34229	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS Kathie Holland P.O. Box 222 440 Shotgun Ln Osprey FL 34229	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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: *[Signature]* SAM Holland 1-8-01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)