

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 27, 2002 8:00 am
Secretary of State

01-27-2002 90023 046 ***150.00

DOCUMENT # 642820

1. Entity Name

CONCEPTS IN GREENERY, INC. ✓

DO NOT WRITE IN THIS SPACE

809104

2. Principal Place of Business

16366 Old Cheney Hwy.

Suite, Apt. #, etc.

3. Mailing Address

16366 Old Cheney Hwy.

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Orlando, FL

4. FEI Number

59-1944969

Applied For

Not Applicable

Zip

32833

Country

US

Zip

32833

Country

US

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Gary M. Berkson

Street Address (P.O. Box Number is Not Acceptable)

1132 Symonds Avenue

City

Winter Park

FL

Zip Code

32789

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

Gary M. Berkson

1/9/02

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)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PTD	Poe, Lowell	16366 Old Cheney Hwy	Orlando, FL 32833				
	Senso	Henson, Geneva	2910-Bath Street				
		Deltona, FL					

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lowell Poe

Date

1-14-02

407-568-2000

Daytime Phone #

CR2E034B (12/01)