2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 666097

Zip

SIGNATURE

11.

TITLE

NAME

TITLE

NAME

TITLE

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TITLE

TITLE NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

ZENTZ LANDSCAPE/NURSERY, INC.

Country

ZENTZ, EDWARD L

17050 SLATER RD. N. FORT MYERS, FL. 339179701 33917

9. This corporation is eligible to satisfy its Intangible

ZENTZ, EDWARD L

17050 SLATER RD.

N FT MYERS, FL 33903

Tax filing requirement and elects to do so.

(See criteria on back)

PD

6. Name and Address of Current Registered Agent

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

OFFICERS AND DIRECTORS

Principal Place of Business 17050 SLATER RD. NORTH FORT MYERS FL 33917-6701 2. Principal Place of Business Suite, Apt. #, etc.	Mailing Address 17050 SLATER RD. NORTH FORT MYERS FL 33917-6901	
	Suite, Apt. #, etc.	
		•

Zip

Country

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

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12.

NAME STREET ADDRESS

TITLE

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NAME STREET ADDRESS

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TITLE

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

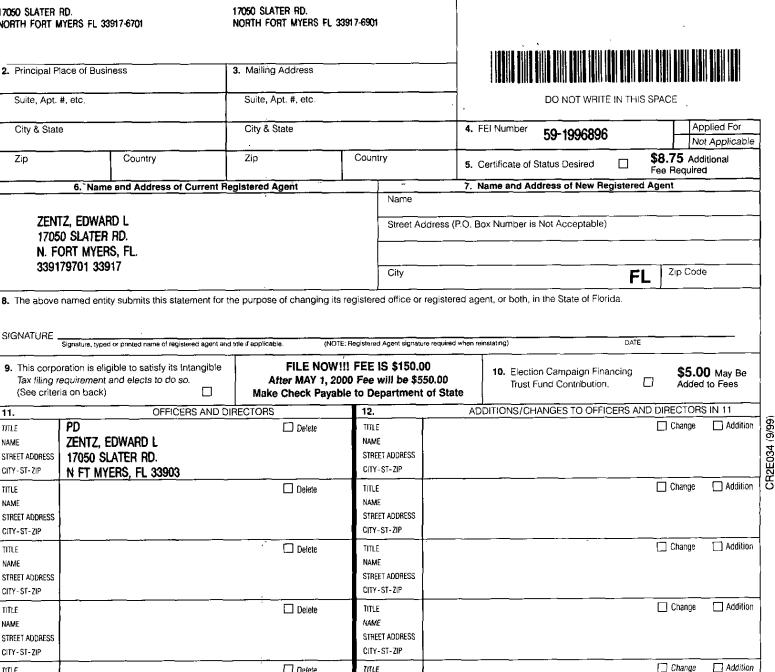
CITY-ST-ZIP

Name

City

FILED Mar 13, 2000 8:00 am **Secretary of State**

03-13-2000 90025 049 ***150.00



13. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes 1 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:

Change

Addition