

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90280 046 ***150.00

DOCUMENT # F99000005635
 1. Entity Name
GOLF WORKS UNLIMITED LANDSCAPING, INC.

Principal Place of Business 3660 STONERIDGE #F102 AUSTIN TX 78746	Mailing Address 3660 STONERIDGE #F102 AUSTIN TX 78746
--	--

00014755



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>3660 Stoneridge</i>	3. Mailing Address <i>Same</i>
Suite, Apt. #, etc. <i>#F102</i>	Suite, Apt. #, etc.
City & State <i>Austin, Texas</i>	City & State
Zip <i>78746</i>	Country <i>USA</i>

4. FEI Number **74-2503880**
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent
 Name *Same*
 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 *na*
 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	CP <i>Franklin</i> HUTCHINSON, FRANKIN G 3660 STONERIDGE #F102 AUSTIN TX 78746 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT HOUSTOUN, JIM 3660 STONERIDGE #F102 AUSTIN TX 78746 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUTCHINSON, DIANE 3660 STONERIDGE #F102 AUSTIN TX 78746 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LYLES, JIM 3660 STONERIDGE #F102 AUSTIN TX 78746 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HUTCHINSON, ELAINE 3660 STONERIDGE #F102 AUSTIN TX 78746 <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	<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
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 affidavit, with another like empowered.

SIGNATURE: *Jim Houston* **Jim Houston** *1/30/01* **572 3378089**
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/00)