

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H87285

1. Entity Name

GREENHOUSE SPECIALTIES INCORPORATED

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90170 041 ***150.00

Principal Place of Business

19931 N. RIVER RD.
ALVA FL 33920

Mailing Address

19931 N. RIVER RD.
ALVA FL 33920-3338

2. Principal Place of Business

1202 Gary Ave
Suite, Apt. #, etc.

3. Mailing Address

1202 Gary Ave
Suite, Apt. #, etc.

City & State

Ellenton, FL

Zip
34222

Country

City & State

Ellenton, FL

Zip
34222

Country

4. FEI Number

59-2616673

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ELLIOTT, ARTHUR
19931 N. RIVER ROAD
ALVA FL 33920

Name

Arthur Elliott

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

2111 Zipperer Rd.

City

Bradenton

FL

Zip Code

34202

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/11/00

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS ELLIOTT, ARTHUR 19931 N. RIVER ROAD ALVA FL 33920	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTS SEYBOLD, ROBERT F JR 2417 CRESCENT CT. E. BRADENTON FL 34208	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS ELLIOTT, R C HCR 63 BOX 229 YELLEVILLE AR 72867	<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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Arthur Elliott 2111 Zipperer Rd. Bradenton, FL. 34202	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V. President Robert F. Seybold 2417 Crescent Ct. E. Bradenton, FL. 34208	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS R C Elliott HCR 63 Box 229 Yelleville, Ar 72867	<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 address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/00

Date

941-721-3646

Daytime Phone #

CR2E034 (9/99)