

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H87285

1. Entity Name

GREENHOUSE SPECIALTIES INCORPORATED

FILED
Jan 19, 2001 8:00 am
Secretary of State

01-19-2001 90064 036 ***150.00

Principal Place of Business
1202 GARY AVE
ELLENTON FL 34222

Mailing Address
1202 GARY AVE
ELLENTON FL 34222

700415



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip 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
ELLIOTT, ARTHUR
2111 ZIPPER RD
BRADENTON FL 34202

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Arthur Elliott	
STREET ADDRESS	2111 Zipper Rd.	
CITY-ST-ZIP	Bradenton, FL 34202	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

1/3/01

Date

941-721-3646

Daytime Phone #

CR2E034 (10/00)

0626685