2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J93353 AL THIGPEN LANDSCAPING, INC. Mailing Address Principal Place of Business 6511 RIVER DR. 6511 RIVER DR. GREEN COVE SPRINGS FL 32043 GREEN COVE SPRINGS FL 32043 3. Mailing Address 2. Principal Place of Business

Suite, Apt. #, etc.

Country

12.

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME, STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

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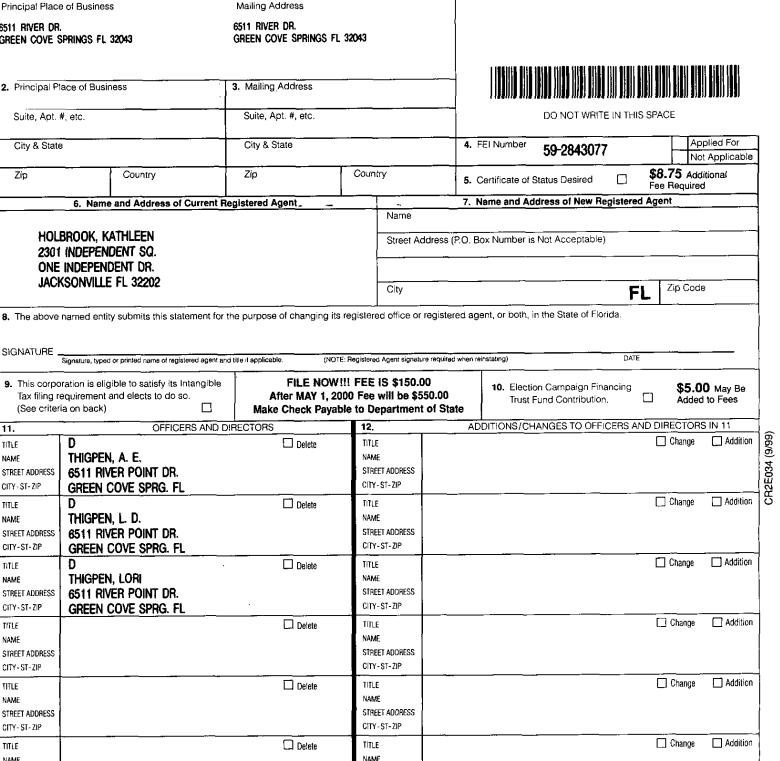
Name

City

City & State

FILED Mar 14, 2000 8:00 am Secretary of State

03-14-2000 90010 030 ***150.00



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.

CITY-ST-ZIP

SIGNATURE:

Suite, Apt. #, etc.

Country

HOLBROOK, KATHLEEN

2301 INDEPENDENT SQ. ONE INDEPENDENT DR. JACKSONVILLE FL 32202

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

THIGPEN, A. E.

THIGPEN, L. D.

THIGPEN, LORI

6511 RIVER POINT DR.

6511 RIVER POINT DR.

GREEN COVE SPRG. FL

6511 RIVER POINT DR.

GREEN COVE SPRG. FL

GREEN COVE SPRG. FL

(See criteria on back)

n

6. Name and Address of Current Registered Agent.

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

OFFICERS AND DIRECTORS

City & State

Zip

SIGNATURE

11.

TITLE

NAME

NAME

TITLE

NAME

TITLE

NAME

TITLE NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

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CITY-ST-ZIP

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NAME OF SIGNING OFFICER OR DIRECTOR

mar 9 2001