

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 23, 2001 8:00 am**  
**Secretary of State**

03-23-2001 90020 014 \*\*\*150.00

**DOCUMENT # P00000021711**

1. Entity Name  
**ROOD LANDSCAPE, INC.**

Principal Place of Business  
**4546 COUNTY LINE ROAD**  
**TEQUESTA FL 33469**

Mailing Address  
**4546 COUNTY LINE ROAD**  
**TEQUESTA FL 33469**

2. Principal Place of Business  
**4546 County Line Rd.**  
 Suite, Apt. #, etc.

3. Mailing Address  
**PO Box 3768**  
 Suite, Apt. #, etc.

City & State  
**Jupiter, FL**  
 Zip  
**33469**

City & State  
**Tequesta, FL**  
 Zip  
**33469**

4. FEI Number  
**65-0985981**

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**WHITESELL, THOMAS C**  
**4546 COUNTY LINE ROAD**  
**TEQUESTA FL 33469**

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **Jupiter** **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 \_\_\_\_\_ (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 **President** ☐ Delete  
 NAME **Albert E. Clattenburg IV**  
 STREET ADDRESS **4546 County Line Rd.**  
 CITY-ST-ZIP **Jupiter, FL 33469**

TITLE **Vice President** ☐ Delete  
 NAME **Thomas C. Whitesell**  
 STREET ADDRESS **4546 County Line Rd.**  
 CITY-ST-ZIP **Jupiter, FL 33469**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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TITLE ☐ Change ☐ 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 information.

SIGNATURE: \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/13/01** **(861) 746 5786**  
 Date Daytime Phone #

CR2E034 (10/00)