

2001 UNIFORM BUSINESS REPORT (UBR)

6/2/01-90006-025-\$150.00-\$150.00
 * 9/21/01-90005-017-\$400.00-\$400.00

DOCUMENT # P00000037653

1. Entity Name

FOREVER GREEN LANDSCAPING AND TREE CARE, INC.

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

01 OCT 19 PM 3:44

Principal Place of Business

2815 55TH AVENUE NORTH
 ST. PETERSBURG FL 33714

Mailing Address

2815 55TH AVENUE NORTH
 ST. PETERSBURG FL 33714



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2815 55 AV N

3. Mailing Address

2815 55 AV N

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ST PETERSBURG FL

City & State

ST PETERSBURG FL

4. FEI Number

59-374 2850

Applied For

Not Applicable

Zip

33714

Country

FLORIDA

Zip

33714

Country

FLORIDA

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

MACFARLAND, GAIL

2815 55TH AVENUE NORTH
 ST. PETERSBURG FL 33714

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 reappointing)

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 \$550.00
 After September 12, 2001 Fee will be \$750.00
 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 OFFICER/DIRECTOR
 STREET ADDRESS GAIL MACFARLAND
 CITY-ST-ZIP 2815 55 AV N ST PETE FL 33714

☐ Delete

TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE NAME
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 CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP

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☐ Change ☐ Addition

TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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:

GAIL MACFARLAND

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/10/01

727 458 2325

CR2E034 (9/01)