

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2003 8:00 am**  
**Secretary of State**

04-10-2003 90187 041 \*\*\*150.00

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DOCUMENT # P00000070990



1. Entity Name  
GILMAN & GRIMES LANDSCAPING, INC.

Principal Place of Business  
1645 20TH CT. SW  
VERO BEACH FL 32962

Mailing Address  
1645 20TH CT. SW  
VERO BEACH FL 32962

2. Principal Place of Business  
900 9th PL.

3. Mailing Address  
P.O. Box 650358

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Vero Beach FL

City & State  
Vero Beach FL

4. FEI Number 65-1066385

Applied For  
Not Applicable

Zip Country  
32962 USA

Zip Country  
32965 USA

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GILMAN, STEPHEN E  
1645 20TH CT. SW  
VERO BEACH FL 32962

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  Delete  
NAME GILMAN, STEPHEN E  
STREET ADDRESS 1645 20TH CT. SW  
CITY-ST-ZIP VERO BEACH FL 32962

TITLE PD  Change  Addition  
NAME Gilman, Stephen E  
STREET ADDRESS 900 9th PL.  
CITY-ST-ZIP Vero Beach FL. 32962

TITLE VD  Delete  
NAME GRIMES, RANDALL K  
STREET ADDRESS 1416 20TH AVE. SW  
CITY-ST-ZIP VERO BEACH FL 32962

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
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STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

*Signature of Stephen E Gilman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)