

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000074734

1. Entity Name

ROLLIN' GREENS LANDSCAPING, INC.

FILED

Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90046 047 ***150.00

Principal Place of Business

4384 CRAFTSBURY DR
NEW PORT RICHEY FL 34652

Mailing Address

4384 CRAFTSBURY DR
NEW PORT RICHEY FL 34652

2. Principal Place of Business

8424 Yearling Ln

Suite, Apt. #, etc.

3. Mailing Address

8424 Yearling Ln

Suite, Apt. #, etc.

City & State

New Port Richey FL

City & State

New Port Richey FL

Zip

34653

Country

Pasco

Zip

34653

Country

Pasco

6. Name and Address of Current Registered Agent

ALTMAN, ROBERT N
5628 MAIN ST
NEW PORT RICHEY FL 34652

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

Ray Monce

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

(NOTE: Registered Agent signature required when reinstating)

4/20/01
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 D
NAME MONCE, RAY
STREET ADDRESS 4384 CRAFTSBURY DR
CITY-ST-ZIP NEW PORT RICHEY FL 34652

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME Monce Ray
STREET ADDRESS 8424 Yearling Ln
CITY-ST-ZIP New Port Richey FL 34653

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ 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)(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:

Ray Monce

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/01

Date

364-3010

Daytime Phone #

CR2E034 (10/00)