

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90074 018 ***150.00

DOCUMENT # P00000105607

1. Entity Name
GREENSPACE LANDSCAPE MANAGEMENT CORPORATION

Principal Place of Business

4142 SUNSET DRIVE
ZOLFO SPRINGS FL 33890

Mailing Address

4142 SUNSET DRIVE
ZOLFO SPRINGS FL 33890



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4142 Sunset Dr.

Suite, Apt. #, etc.

3. Mailing Address

4142 Sunset Drive

Suite, Apt. #, etc.

City & State

Zolfo Springs, FL

Zip

33890

Country

USA

City & State

Zolfo Springs, FL

Zip

33890

Country

USA

4. FEI Number

59-3681064

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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

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

(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, 2002 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 PD
NAME ADAMS, RICHARD J
STREET ADDRESS 4142 SUNSET DRIVE
CITY-ST-ZIP ZOLFO SPRINGS FL 33890 ☐ Delete

TITLE V
NAME BURTCHER, WAYNE L
STREET ADDRESS 4142 SUNSET DRIVE
CITY-ST-ZIP ZOLFO SPRINGS FL 33890 ☒ Delete

TITLE S
NAME KNIGHT, VALERIE C
STREET ADDRESS 4142 SUNSET DRIVE
CITY-ST-ZIP ZOLFO SPRINGS FL 33890 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE V.S
NAME Knight, Valerie
STREET ADDRESS 4142 Sunset Dr.
CITY-ST-ZIP Zolfo Springs, FL 33890 ☒ Change ☐ Addition

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-02

863-781-1259

Date

Daytime Phone #

CR2E034 (9/01)