## 2002 UNIFORM BUSINESS REPORT (UBR)

## Jul 28, 2002 8:00 am Secretary of State P01000025500 **DOCUMENT #** 1. Entity Name GREENER GARDENS OF CENTRAL FLORIDA, INC. 07-28-2002 90204 015 \*\*\*150.00 Principal Place of Business Mailing Address 3711 DINGHY CT. 3711 DINGHY CT. Baramiaa ORLANDO FL 32812 ORLANDO FL 32812 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3706245 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HEAKE, STEPHEN G Street Address (P.O. Box Number is Not Acceptable) 3711 DINGHY CT. ORLANDO FL 32812 City 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 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 FILE NOW!!! FEE IS \$550.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing After September 13, 2002 Fee will be \$750.00 \$5.00 May Be (See criteria on back) Trust Fund Contribution. $\Box$ Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition NAME HEAKE, STEPHEN G NAME 3711 DINGHY CT. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32812 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME HEAKE, GWEN NAME STREET ADDRESS 3711 DINGHY CT. STREET ADDRESS CITY-ST-7IP ORLANDO FL 32812 CITY-ST-ZIP TITLE: TITLE . 🗀 . Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE - Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP

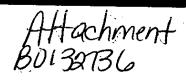
SIGNATURE:

WIFEQuen Heake

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

**FILED** 

## DEBRA ROGERS, P.A. Accountant and Tax Consultant 465 North Carolina Run Sanford, FL 32773 407/321-8729 (fax: 321-3832)



July 25, 2002

Division of Corporations Uniform Business Report Filings P. O. Box 1500 Tallahassee, FL 32302-1500

P01000025500

Dear Sir.

Please find enclosed a check for \$150.00. My client did not receive the first report. Please verify that your records are correct for next years filing.

If you should have any questions, please direct them to myself at the above referenced number.

Sincerely,

Debra J. Rogers

Accountant