

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 90876 015 ***158.75

DOCUMENT # P01000065555

1. Entity Name
GSB LANDSCAPING AND HOMESERVICES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
717 WHITE RIVER DRIVE
Suite, Apt. #, etc.

3. Mailing Address
P.O. BOX 677597
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
ORLANDO FL
Zip
32828
Country
USA

City & State
ORLANDO, FL
Zip
32867
Country
USA

4. FEI Number
59-3737614
Applied For
Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
KEITH LAMONT WHITE
Street Address (P.O. Box Number is Not Acceptable)
717 WHITE RIVER DRIVE
City
Orlando **FL** Zip Code
32828

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 STREET ADDRESS CITY - ST - ZIP	P KEITH L. WHITE 717 WHITE RIVER DRIVE ORLANDO, FL 32828
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V Shavonie Baltimore 717 WHITE RIVER DRIVE Orlando, FL 32828
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/02

Date

Daytime Phone #

CR2E034B (12/01)