2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

OCALA FL 34474

16 SW BROADWAY ST STE B

DOCUMENT # P02000084911

1. Entity Name

OCALA FL 34474

Principal Place of Business

16 SW BROADWAY ST STE B

GRAY ROTH LANDSCAPE CO.



FILED Apr 28, 2003 8:00 am Secretary of State

04-28-2003 90520 001 ***150.00

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Stille Ant # etc	Suite	Suite. Ant # etc		'	CHECK HERE IF MAKING CHANGES				
					4. FEI Number 11 - 3647165			plied For t Applicable	
			- lawara		5. Certificate of Status Desired		3.75 Add e Required		
o. Hallie allu Muc	ness of Current Registere	d'Agent			7. Name and Address of New Re	gistered Age	ent		
			Name						
GRAY, JOHN M			Street A	iddress /	P.O. Box Number is Not Acceptable)				
16 SW BROADWAY ST STE I	В		Street	10001000 (1	T.O. Box Humber is not neceptable,			<u> </u>	
OCALA FL 34474							,	•	
			City	•	.	FL	Zip Code		
8. The above named entity submits	this statement for the purp	ose of changing its re	egistered office o	r register	ed agent, or both, in the State of Flor	rida. I am fan	niliar with,	and accept	
the obligations of registered age	nt. •								
SIGNATURE Signature, typed or printed na	ame of registered agent and title if app	licable. (NOTE: I	Registered Agent signat	ture required	when reinstating)	DATE			
								-	
After May 1, 2003 Fee v			- " -	_	9. Election Campaign Fina	~ —		May Be	
Make Check Payable to Florida					Trust Fund Contribution). Ц	Added	to Fees	
10.	3 AND DIRECTO	RS .	11,		ADDITIONS/CHANGES TO OFFIC	CERS AND D	IRECTORS	S IN 11	
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CITY-ST-ZIP			CITY-ST-ZIP						
12. I hereby certify that the informat	tion supplied with this filing	does not qualify for the	he exemption sta	ted in Se	ection 119.07(3)(i), Florida Statutes. I	further certify	that the in	formation	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/03 352 427 5947
Date Dayline Phone #