

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

08-28-2003 90066 002 ***558.75

DOCUMENT # P02000102132

1. Entity Name
GCS LANDSCAPING & DESIGN, INC.



Principal Place of Business
**11077 RIDGE POINTE DRIVE
JACKSONVILLE FL 32257**

Mailing Address
**11077 RIDGE POINTE DRIVE
JACKSONVILLE FL 32257**



2. Principal Place of Business

3. Mailing Address

PO Box 551541

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Jacksonville, FL

4. FEI Number

01-0794462

Applied For

Not Applicable

Zip

Country

Zip
32255-1541

Country

DUVAL

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BRUST, STEVE
50 N. LAURA STREET
SUITE 2200
JACKSONVILLE FL 32202**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **GORDON, DONALD**
STREET ADDRESS **11510 SHADY MEADOW DRIVE**
CITY-ST-ZIP **JACKSONVILLE FL 32258**

TITLE **P** ☒ Change ☐ Addition
NAME **President**
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **COOLEY, JASON**
STREET ADDRESS **11077 RIDGE POINTE DRIVE**
CITY-ST-ZIP **JACKSONVILLE FL 32257**

TITLE **V** ☒ Change ☐ Addition
NAME **VP - Operations**
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **SHEPPARD, DAVID**
STREET ADDRESS **4746 UNIVERSITY BLVD. NORTH**
CITY-ST-ZIP **JACKSONVILLE FL 32277**

TITLE **S** ☒ Change ☐ Addition
NAME **Secretary**
STREET ADDRESS
CITY-ST-ZIP

TITLE **PPC** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ Change ☒ Addition
NAME **Stephen W. Broome**
STREET ADDRESS **4219 Longfellow St.**
CITY-ST-ZIP **Jacksonville, FL 32210**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 REQUIRED
Signature and typed or printed name of signing officer or director

Donald Gordon

8/22/2003 904 954 2002

Date

Daytime Phone #

CR2E034 (4/03)