

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2001 8:00 am
Secretary of State
 04-23-2001 90167 012 ***158.75

DOCUMENT # P94000041682

1. Entity Name
GREENER GARDENS LANDSCAPE DESIGNERS & NURSERY, I

Principal Place of Business Mailing Address
10505 DEEPBROOK DRIVE 10505 DEEPBROOK DRIVE
RIVERVIEW FL 33569 RIVERVIEW FL 33569

2. Principal Place of Business Suite, Apt. #, etc.
 3. Mailing Address Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **65-0496505** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

DEBBIE SANCHEZ
10505 DEEPBROOK DRIVE
RIVERVIEW FL 33569

7. Name and Address of New Registered Agent

Name **Theodore Sanchez**
 Street Address (P.O. Box Number is Not Acceptable)
10505 Deepbrook Dr.
 City **Riverview** FL Zip Code **33569**

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]* **Theodore Sanchez** **4-6-01**
 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, 2001 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	PT	<input checked="" type="checkbox"/> Delete
NAME	SANCHEZ, DEBORAH T	
STREET ADDRESS	10505 DEEPBROOK DRIVE	
CITY-ST-ZIP	RIVERVIEW FL 33569	
TITLE	VS	<input type="checkbox"/> Delete
NAME	SANCHEZ, THEODORE	
STREET ADDRESS	10505 DEEPBROOK DR	
CITY-ST-ZIP	RIVERVIEW FL 33569	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sanchez, Theodore	
STREET ADDRESS	10505 Deepbrook Dr.	
CITY-ST-ZIP	Riverview, FL 33569	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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]* **Theodore Sanchez** **4-6-01**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/00)