

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 30, 2001 08:00 AM  
Secretary of State

DOCUMENT # P96000004399

1. Entity Name  
GREENWERX GROUNDSKEEPING, INC.

Principal Place of Business  
20071 N. WELBORN RD  
FORT MYERS FL 33917

Mailing Address  
P.O. BOX 3281  
N FT. MYERS FL 33918 US

2. Principal Place of Business  
P.O. BOX 3281

3. Mailing Address  
P.O. BOX 3281

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
NORTH FORT MYERS FL

City & State  
NORTH FORT MYERS FL

4. FEI Number  
65-0632171

Applied For  
Not Applicable

Zip Country  
33918 US

Zip Country  
33918 US

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

## 6. Name and Address of Current Registered Agent

JURSINSKI KEVIN F  
22221 SECOND ST  
FT MYERS FL 33901 US

## 7. Name and Address of New Registered Agent

Name  
GORDON KYLE T  
Street Address (P.O. Box Number is Not Acceptable)  
20071 NORTH WELBORN ROAD  
City NORTH FORT MYERS FL Zip Code 33917

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 KYLE T GORDON

04/30/2001

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	D	<input type="checkbox"/> Delete
NAME	DOHERTY FRANCIS L	
STREET ADDRESS	18145 WOOD DRIVE	
CITY-ST-ZIP	FORT MYERS FL 33912	
TITLE	D	<input type="checkbox"/> Delete
NAME	GORDON KYLE	
STREET ADDRESS	P.O. BOX 4422	
CITY-ST-ZIP	N. FT. MYERS FL 33918	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: KYLE GORDON

PRES 04/30/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)