

## 2001 UNIFORM BUSINESS REGISTRATION (UBR)

**FILED**  
**Apr 25, 2001 8:00 am**  
**Secretary of State**

03-23-2001 90015 038 \*\*\*150.00

<b>DOCUMENT # P96000086677</b>			
1. Entity Name <b>CONCEPTS IN GREENERY LANDSCAPE MAINTENANCE, INCO</b>			
Principal Place of Business <b>POST OFFICE BOX 1756 PALM CITY FL 34991</b>		Mailing Address <b>POST OFFICE BOX 1756 PALM CITY FL 34991</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>65-0716081</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>JONES, MATTHEW L ESQ. 759 SO FEDERAL HIGHWAY STE 212 STUART FL 34994</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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. SIGNATURE: <i>[Signature]</i> (NOTE: Registered Agent signature required when re-registering) DATE			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D STEINBERG, DANIEL POST OFFICE BOX 1756 N/A PALM CITY FL 31499</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Dantel Steinberg 1958 SW winners dr Palmcity, FL 34990</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ROSE, JOHN 8 NO RIDGEVIEW ROAD STUART FL 34996</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Rose John 4136 SW Honey Terrace Palmcity, FL 34990</b>
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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 507, 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: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #			

CR2E034 (10/00)