

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000044524**

1. Entity Name

GREENSCENE LANDSCAPE SERVICES, INC.**FILED****May 04, 2001 8:00 am**
Secretary of State

05-04-2001 90117 032 ***150.00

Principal Place of Business

**4837 WATER OAK LANE
JACKSONVILLE FL 32210
US**

Mailing Address

**5513 ROOSEVELT BLVD
PMB #110
JACKSONVILLE FL 32244
US****00046619**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3448580

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**OWENS, WESLEY H
400 ST JOHNS AVE
STE 11-M
JACKSONVILLE FL 32205**

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.

SIGNATURE

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	VENSEL, CHARLES C JR.	
STREET ADDRESS	4260 ROMA BLVD.	
CITY-ST-ZIP	JACKSONVILLE FL 32210	

TITLE	President Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Vensel, Charles C. Jr.	
STREET ADDRESS	4837 Water Oak Ln	
CITY-ST-ZIP	Jacksonville, FL 32210	

TITLE		<input type="checkbox"/> Delete
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"/> Delete
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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: *Charles C. Vensel, Jr.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charles C. Vensel, Jr**4/26/01****904-955-8942**

Date

Daytime Phone #

CR2E034 (10/00)