

2001 UNIFORM BUSINESS REPORT (UBR)

2/

FILED
Mar 01, 2001 8:00 am
Secretary of State

02-08-2001 90379 019 ***150.00

DOCUMENT # P97000073167

1. Entity Name
GULF COAST LANDSCAPE SUPPLY, INC.

Principal Place of Business
**5000 DAVIS BLVD.
NAPLES FL 34104**

Mailing Address
**5000 DAVIS BLVD.
NAPLES FL 34104**

63701

HAS BEEN CHANGED

2. Principal Place of Business

4555 RADIO Rd.

3. Mailing Address

4555 RADIO Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Naples, FLA

City & State

Naples, FLA

4. FEI Number **65-0802612**

Applied For

Not Applicable

Zip

34104

Country

Collier

Zip

34104

Country

Collier

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**DANKS, JOHN A
5000 DAVIS BLVD.
NAPLES FL 34104**

4555 RADIO Rd.

7. Name and Address of New Registered Agent

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)

(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/P** ☐ Delete
NAME **DANKS, JOHN A**
STREET ADDRESS **5000 DAVIS BLVD. 4555 RADIO Rd.**
CITY-ST-ZIP **NAPLES FL 34104**

TITLE **VP** ☐ Delete
NAME **ROSE, ELIZABETH J**
STREET ADDRESS **5000 DAVIS BLVD. 4555 RADIO Rd.**
CITY-ST-ZIP **NAPLES FL 34104**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE ☐ Change ☐ 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)

JOHN A. DANKS / President

Date

Daytime Phone #

2-23-01 941.724.9652

CR2E034 (10/00)