

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000035855

1. Entity Name

GLENN'S CUSTOM LAWN & GARDENING, INC

Principal Place of Business

8381 N.W. 25TH ST.
SUNRISE FL 33322

Mailing Address

8381 N.W. 25TH ST.
SUNRISE FL 33322

2. Principal Place of Business

8381 N.W. 25th St.

3. Mailing Address

8381 N.W. 25th St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sunrise FL.

City & State

Sunrise FL.

Zip

33322

Country

U.S.

Zip

33322

Country

U.S.

4. FEI Number

65-0827925

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

3

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EBRIGHT, GLENN
842 S.W. 118 TERRACE
DAVIE FL 33325

Name Glenn EBright

Street Address (P.O. Box Number is Not Acceptable)

8381 N.W. 25th Street

City Sunrise

FL

Zip Code

33322

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, 2000 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	EBRIGHT, GLENN	
STREET ADDRESS	8381 N.W. 25TH ST.	
CITY-ST-ZIP	SUNRISE FL 33322	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Glenn EBright

4/5/00

(954) 572-8268

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)