

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 30, 2002 8:00 am
Secretary of State

05-19-2002 90152 016 ***150.00

DOCUMENT # P98000063016

1. Entity Name

GREEN HORIZONS LANDSCAPING, INC.

Principal Place of Business

5527 RIDGEWAY DRIVE
ORLANDO FL 32819

Mailing Address

5527 RIDGEWAY DRIVE
ORLANDO FL 32819

40019

2. Principal Place of Business

5527 Ridgeway Dr.
Suite, Apt. #, etc.

3. Mailing Address

5527 Ridgeway Dr.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

Orlando, Florida Orlando, Florida

Zip
32819

Country

Orange

Zip
32819

Country

Orange

4. FEI Number

59-3526928

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

RUSSI, JOHN E P.A.

5728 MAIN STREET

NEW PORT RICHEY FL 34652

7. Name and Address of New Registered Agent

Name

Thomas Stroehlein

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

5527 Ridgeway Dr.

City

Orlando

FL

Zip Code

32819

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

Thomas Stroehlein Thomas Stroehlein

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, 2002 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	STROEHLEIN, THOMAS	
STREET ADDRESS	5527 RIDGEWAY DRIVE	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	V	<input type="checkbox"/> Delete
NAME	STROEHLEIN, KAREN	
STREET ADDRESS	5527 RIDGEWAY DR	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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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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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:

Karen Stroehlein Karen Stroehlein

4-23-02

407 -
248-2819

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)