2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

4/10

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-10-2003 90114 028 ***150.00

DOCUMENT # P98000063016

1. Entity Name
GREEN HORIZONS LANDSCAPING, INC.

Principal Place of Business	Mailing Address
5527 RIDGEWAY DRIVE ORLANDO FL 32819	5527 RIDGEWAY DRIVE ORLANDO FL 32819

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
5847 Lakeville Road	5847 Lakeville Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Orlando, Florida	City & State: Orlando, Florida
Zip: 32818 — Country: US	Zip: 32818 — Country: US

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

STROEHLEIN, THOMAS
5527 RIDGE WAY DR
ORLANDO FL 32819

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ — $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	STROEHLEIN, THOMAS		NAME		
STREET ADDRESS	5527 RIDGEWAY DRIVE		STREET ADDRESS	5847 Lakeville Road	
CITY-ST-ZIP	ORLANDO FL 32819		CITY-ST-ZIP	Orlando, FL 32818	
TITLE	V	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	STROEHLEIN, KAREN		NAME		
STREET ADDRESS	5527 RIDGEWAY DR		STREET ADDRESS	5847 Lakeville Road	
CITY-ST-ZIP	ORLANDO FL 32819		CITY-ST-ZIP	Orlando, FL 32818	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Karen Stroehlein PRED — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-07-03 — Date

321-689-4555 — Daytime Phone #