

2001 UNIFORM BUSINESS REPORT (UBR)

4/2

FILED
May 19, 2001 8:00 am
Secretary of State

04-24-2001 90017 048 ***150.00

DOCUMENT # P98000063846

1. Entity Name

GREEN FOREST GROUNDS MAINTENANCE, INC.

Principal Place of Business

Mailing Address

5671 42ND AVENUE NORTH
 ST PETERSBURG FL 33709

5671 42ND AVENUE NORTH
 ST PETERSBURG FL 33709

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3526311**

Applied For

Not Applicable

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

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

Name **DAVID A. GRUNENWALD**

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

5671 42ND AVE N.

City **St Petersburg**

FL

Zip Code **33709**

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

David A. Gruenewald

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

5-1-01

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 NAME STREET ADDRESS CITY-ST-ZIP	PD GRUNENWALD, DAVID A 5671 42ND AVENUE NORTH ST PETERSBURG FL 33709	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MINK, KADI 5671 42ND AVENUE NORTH ST PETERSBURG FL 33709	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

David A. Gruenewald

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID A. GRUNENWALD

Date

2-13-01

Day/ma Phone

CR2E034 (10/00)