

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90388 027 ***150.00

DOCUMENT # P98000102418

1. Entity Name

GREENSCAPE LANDSCAPE CONTRACTORS, INC.

Principal Place of Business

**509 SOUTHEAST AVENUE E.
 BELLE GLADE FL 33430**

Mailing Address

**509 SOUTHEAST AVENUE E.
 BELLE GLADE FL 33430**

2. Principal Place of Business

509 Southeast Ave E

Suite, Apt. #, etc.

3. Mailing Address

509 Southeast Ave E

Suite, Apt. #, etc.

City & State

Belle Glade Fl.

City & State

Belle Glade Fl

Zip

33430

Country

Palm Beach

Zip

33430

Country

Palm Beach

4. FEI Number

65-0864501

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**POOLE, WILLIAM S
 509 SOUTHEAST AVENUE E.
 BELLE GLADE FL 33430**

7. Name and Address of New Registered Agent

Name
William S. Poole
 Street Address (P.O. Box Number is Not Acceptable)
509 Southeast Ave E.
 City
Belle Glade **FL** Zip Code
33430

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, 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
DPVS ☐ Delete
 NAME
POOLE, WILLIAM S
 STREET ADDRESS
100 SOUTHEAST 4TH STREET NORTH
 CITY-ST-ZIP
BELLE GLADE FL 33430

TITLE
T ☐ Delete
 NAME
POOLE, WILLIAM S
 STREET ADDRESS
100 SOUTHEAST 4TH STREET NORTH
 CITY-ST-ZIP
BELLE GLADE FL 33430

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE
 NAME ☐ Change ☐ Addition
 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

4/28/01

Date

Daytime Phone #

CR2E034 (10/00)