

DOCUMENT # P99000011678

1. Entity Name

GRANDVIEW LANDSCAPING SERVICES, INC.

FILED

00 FEB 28 PM 2:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

305 S.E. 43RD AVE.
OCALA FL 34471

305 S.E. 43RD AVE.
OCALA FL 34471-3117

2. Principal Place of Business

305 SE 43rd Ave.

3. Mailing Address

305 SE 43rd Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Ocala, FL

Ocala, FL

City & State

34471

City & State

34471

4. FEI Number

59-3563243

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FUTCH, R. WILLIAM
500 N.E. 8TH AVE.
OCALA FL 34470

7. Name and Address of New Registered Agent

Name

FUTCH, R. William

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

600 NE 8th Ave

City **Ocala**

FL

Zip Code

34470

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

TITLE Delete

D
SAPP, JOHN
305 S.E. 43RD AVE.
OCALA FL 34471

TITLE Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition

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CITY-ST-ZIP

TITLE Change Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

LS

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-00

Date

352 694-9247

Daytime Phone #

CR2E034 (9/99)