

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90468 021 \*\*\*150.00

0188294 AV

**DOCUMENT # P99000036584**

1. Entity Name  
**G C LANDSCAPING INC.**



Principal Place of Business  
**1531 N.E. 34 STREET  
POMPANO BEACH FL 33064**

Mailing Address  
**1531 N.E. 34 STREET  
POMPANO BEACH FL 33064**



2. Principal Place of Business  
**5460 NW 40 Terrace**  
Suite, Apt. #, etc.

3. Mailing Address  
**5460 NW 40 Terrace**  
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
**Coconut Creek**

City & State  
**Coconut Creek FL**

4. FEI Number **65-0933076**

Applied For  
☐ Not Applicable

Zip **FL 33073** Country

Zip **33073** Country **United States**

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

**COLLINS, GARY  
1531 N.E. 34 STREET  
POMPANO BEACH FL 33064**

Name  
**Collins, Gary**  
Street Address (P.O. Box Number is Not Acceptable)  
**5460 NW 40 Terrace**

City **Coconut Creek** **FL** Zip Code **33073**

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 \_\_\_\_\_ (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 11

TITLE **P** ☐ Delete  
NAME **COLLINS, GARY**  
STREET ADDRESS **1531 N.E. 34TH STREET**  
CITY-ST-ZIP **POMPANO BEACH FL 33064**

TITLE **P** ☐ Change ☐ Addition  
NAME **Collins Gary**  
STREET ADDRESS **5460 NW 40 Terrace**  
CITY-ST-ZIP **Coconut Creek FL 33073**

TITLE **V** ☐ Delete  
NAME **COLLINS, DONNA**  
STREET ADDRESS **1531 N.E. 34TH STREET**  
CITY-ST-ZIP **POMPANO BEACH FL 33064**

TITLE **V** ☐ Change ☐ Addition  
NAME **Collins, Donna**  
STREET ADDRESS **5460 NW 40 Terrace**  
CITY-ST-ZIP **Coconut Creek, FL 33073**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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: **SIGNATURE REQUIRED Donna Collins** **4/23/03 954 421-5517**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)