## 2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P99000056958 ENGLEWOOD LANDSCAPE SUPPLY, INC. Principal Place of Business Mailing Address 850 N INDIANA AVE 850 N INDIANA AVE ENGLEWOOD FL 34223 ENGLEWOOD FL 34223-2710

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

Country

FILE NOW!!! FEE IS \$150.00

TITLE

NAME

TITLE

NAME

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

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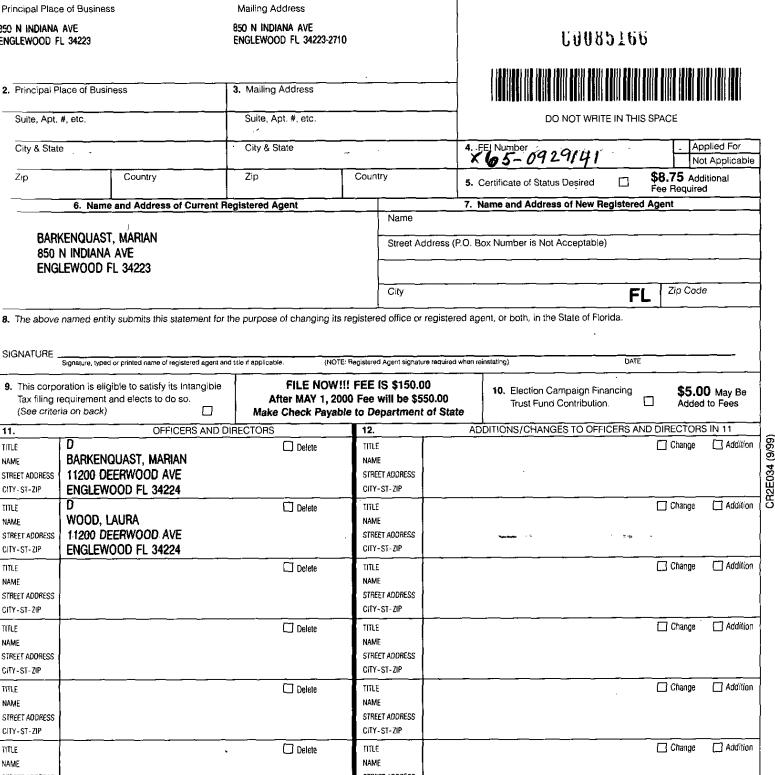
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Name

City

## FILED May 08, 2000 8:00 am Secretary of State

05-08-2000 90193 036 \*\*\*150.00



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 th all other like empowered.

CITY-ST-ZIP

SIGNATURE: \_

2. Principal Place of Business

Country

BARKENQUAST, MARIAN

9. This corporation is eligible to satisfy its Intangible

BARKENQUAST, MARIAN

11200 DEERWOOD AVE

ENGLEWOOD FL 34224

11200 DEERWOOD AVE

ENGLEWOOD FL 34224

Tax filing requirement and elects to do so.

WOOD, LAURA

(See criteria on back)

850 N INDIANA AVE ENGLEWOOD FL 34223

6. Name and Address of Current Registered Agent

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

OFFICERS AND DIRECTORS

Suite, Apt. #, etc.

City & State

Zip

SIGNATURE

11.

TITLE

NAME

TITLE

NAME

TITLE

NAME STREET ADDRESS

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

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