

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90144 034 ***150.00

DOCUMENT # P99000080247

1. Entity Name

GROUND COVER PRODUCTS INC.

Principal Place of Business

1525 S. ANDREWS AVENUE #216
FORT LAUDERDALE FL 33316

Mailing Address

1525 S. ANDREWS AVENUE #216
FORT LAUDERDALE FL 33316-2548

2. Principal Place of Business

2695 SR 50
Suite, Apt. #, etc.

3. Mailing Address

2695 SR 50
Suite, Apt. #, etc.

C0014217



DO NOT WRITE IN THIS SPACE

City & State

Webster FL

City & State

Webster FL

4. EEL Number

59-3597575

Applied For

Not Applicable

Zip

33597

Country

USA

Zip

33597

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STREVELER, LYLE T
8755 MARIGOLD DRIVE
NEW PORT RICHEY FL 34654

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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	D	<input checked="" type="checkbox"/> Delete
NAME	STREVELER, LYLE T	
STREET ADDRESS	8755 MARIGOLD DRIVE	
CITY-ST-ZIP	NEW PORT RICHEY FL 34654	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STREVELER, Lyle T	
STREET ADDRESS	8755 marigold Dr	
CITY-ST-ZIP	New Port Richey, FL 34654	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HORNER, Bill	
STREET ADDRESS	501 LaCosta Ct	
CITY-ST-ZIP	Melbourne, FL 32940	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEPHENSON, MORRIS M	
STREET ADDRESS	9480 Amazon Dr	
CITY-ST-ZIP	New Port Richey, FL 34655	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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

Date

Daytime Phone #

Lyle T Streveler

1-24-00

882 569 0063