LII LD

2002 UNIFORM BUSINESS REPORT (UBR)							Fab 18 2002 8:00 am				
DOCUMENT # S39162						Feb 18, 2002 8:00 am Secretary of State					
GREAT A	MERICAN LANDSCAPE	E, INC.					02-18-2	002 901 44	ł 006 *** 15	0.00	
Principal Place	e of Business	Mailing Address		·							
P O BOX 547 LAKE WORTH		P O BOX 5478 LAKE WORTH FL 33466	P O BOX 5478 LAKE WORTH FL 33466						14 MINO 01011 A-MA	A184 B1811 1881	
2. Principal Place of Business 3. Mailing Address				ΓN							
Sujte, Apt.	#, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City	shatchee, f	City & State	City & State			4. FEI Nu	mber 65-0258	449		oplied For ot Applicable	
334	Country	Zip	Cour	ntry		5. Certific	ate of Status Desire		\$8.75 Add		
	6. Name and Address of Cu	rrent Registered Agent				7. Name	and Address of Ne	w Registered	J Agent		
:				Name	all n	$\Gamma \subseteq$	spelmi	inte 1			
SPIFI HAL	JPTER, RICHARD			Street/A	ddress (P.)	O. Books	mbe cie Net rAccept	able)			
4710 HOL		143	508 ¹	83	21.10						
			_								
DAVE MO	RTH FL 33463	_		City	oxal	note	chee	F	L ZBB	N	
B. The above	Married entity submile the second	eot to the purpose of changing its	register	ed office or	registered	l agent, or	both, in the State o	f Florida.	., .	-	
- (ramed this submit to see the		5	Λ	_	5 .					
arak karingan	Steers A Kison	Plaister Vo	مدر	nal	Ran	A as M	. Titul	}	1		
SIGNATURE	Signature, typed or printed name of egistered	d agent and title applicable. (M)	E: Regis	o Ag II signer	ure required with	en r in tating	1.10	DATE	18/2-		
*, *, * * * * * * * * * * * * * * * * *	<u> </u>	196	210	HOLL		re.	KALCIXIYICI	<u>XXAL</u>	pur .		
9. This corpo		IS \$150.		10.	Election Campaign	Financing	\$5.0	0 May Be			
Tax filing requirement and elects to do so. (See criteria on back) After May 1, 2002 Make Check Payable							Trust Fund Contrib	ution.		to Fees	
	·	<u> </u>		eparimen	t or state						
	然物。由于ATHY COPPORTICERS		12.		1	ADDITIO	NS/CHANGES TO	OFFICERS AN			
ULTE *	VSD 544	✓ Delete	TITL	E					☐ Change	Addition	
NAME	SPIELHAUPTER, RICHARD	•	NAM								
STREET ADDRESS	4710 HOLLY LAKE DR		STRE	ET ADDRESS							
CITY-ST-ZIP	LAKEE WORTH FL 33463		CITY	-ST-ZIP							
TITLE		☐ Delete	TITL	Ē	Pres	iden	t			☐ Addition	
NAME	VTD		NAM	Ε	Sole	hau	pter, wa	o s er	`	1	
STREET ADDRESS	SPIELHAUPTER, WALTER		STRE	ET ADDRESS	1730	8 8 2	87 N			ĺ	
CITY-ST-ZIP	14308 82 ST N		CITY	-ST-ZIP	-LOX	ahn	tchee. F	- L33	,470	1	
TITLE	LOXAHATCHEE FL 33470	Sherry Delete	TITL	F	V.P.		- ,		☐ Change	Addition	
NAME	Spielhaupter	3/10/19	NAM		Sole	1 has	pter, She	Mi	_ ,		
STREET ADDRESS	14308 85 21	NCC OF The		ET ADDRESS	11/22	800	(T ()	-, - ,			
CITY-ST-ZIP	14308 82 ST Loxahatchee	33470		-ST-ZIP	1,425	こんない	ehel, Fi	_ 2aut	$\gamma \Omega$		
			TITL			<u>ULVALI</u>	- اربعدات	<u> </u>	Change	Addition	
TITLE		☐ Delete	TITLI NAM						☐ Change	Addition	
VAMÉ STREET ADDRESS				ET ADDRESS							
CITY-ST-ZIP				-ST-ZIP							
TTLE		☐ Delete	TITL						Change	Addition	
IAME			NAM							Ì	
STREET ADDRESS				ET ADDRESS							
CITY-ST-ZIP			CITY	-ST-ZIP							
TITLE		☐ Delete	TITL]			· · ·	☐ Change	☐ Addition	
IAME			NAM	E							

13. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: 4

STREET ADDRESS

CITY-ST-ZIP

Daytime Phone #

CR2E034 (9/01)