

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

02-18-2004 90026 015 \*\*\*150:00  
S39162

DOCUMENT # S39162  
1. Entity Name  
Great American Landscape Inc



4:15  
STATE  
FLORIDA  
04 APR -2 PM 4:15

**FILED**

**DO NOT WRITE IN THIS SPACE**

REINSTATEMENT 8-84

2. Principal Place of Business  
14308 82nd St N  
Suite, Apt. #, etc.  
Loxahatchee, FL  
City & State  
33470  
Zip

3. Mailing Address  
Same  
Suite, Apt. #, etc.  
Same  
City & State  
33470  
Zip

Country

3/16/04 01050 003 150+07  
DO NOT WRITE IN THIS SPACE

4. FEI Number  
65-0258449  
Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent  
Name  
Walter Spielhaupert  
Street Address (P.O. Box number is not acceptable)  
14308 82nd Street N  
City  
Loxahatchee FL 33470

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 Walter Spielhaupert DATE 3-30-04  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

January 1, May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Walter Spielhaupert</u> <u>14308 82nd Street N</u> <u>Loxahatchee, FL 33470</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>VP</u> <u>Sherry Spielhaupert</u> <u>14308 82nd Street N</u> <u>Loxahatchee, FL 33470</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE Walter Spielhaupert DATE 2-10-04 (561) 2486749  
Signature and typed or printed name of signing officer or director

Walter Spielhaupert 3-30-04

CR2E034B (12/02)