## 200 UNIFORM BUSINESS REPORT (UBR)

## FILED May 14, 2001 8:00 am Secretary of State **DOCUMENT # 278009** 1. Entity Name DEWAR NURSERIES, INC. 05-14-2001 90264 046 \*\*\*150.00 Principal Place of Business Mailing Address 625 W KEENE RD 625 W KEENE RD APOPKA FL 32703 APOPKA FL 32703 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1031608 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DEWAR, A E Street Address (P.O. Box Number is Not Acceptable) 6314 LINNEAL BEACH DR. APOPKA FL 32703 Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. XX Change ☐ Addition ☐ Delete TITLE TITI F PD DEWAR, ALEX E NAME NAME DEWAR, WILLIAM E. STREET ADDRESS 6068 LINNEAL BEACH DR. STREET ADDRESS 625 W. KEENE RD. CITY-ST-ZIP CITY-ST-ZIP apopka fl APOPKA, FL.32703 XX Change TITLE ☐ Delete ☐ Addition VPDDEWAR, WILLIAM E. NAME NAME DEWAR, ALEX E. STREET ADORESS 625 W. KEENE RD. STREET ADDRESS 6068 LINNEAL BEACH DR. CITY-ST-7IP APOPKA FL CITY-ST-ZIP APOPKA, FL 32703 STD ☐ Change ☐ Addition ☐ Delete TITLE TITLE DEWAR, MARY C NAME NAME 6068 LINNEAL BEACH DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP apopka fĺ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition `□ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS City-St-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME

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

STREET ADDRESS CITY-ST-ZIP

Alex E. Dewar, VPD SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

STREET ADDRESS

CITY-ST-7IP

4-27-01 (407) 886-1188

Daytime Phone #