

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 501555

1. Entity Name

ELSBERRY GREENHOUSE, INC.

Principal Place of Business

101 BIG BEND RD
RUSKIN FL 33572-1407

Mailing Address

101 BIG BEND RD
RUSKIN FL 33572-1401

2. Principal Place of Business

103 Big Bend Road

3. Mailing Address

PO Box 3107

City & State

Apollo Beach, FL

City & State

Apollo Beach FL

Zip

Country

33572

Zip

Country

33572

4. FEI Number

59-1661246

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NATIONAL REGISTERED AGENT SERVICES, INC.
526 E. PARK AVENUE
TALLAHASSEE FL 32301

Name

Thomas, IKE

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

103 Big Bend Road

City

Apollo Beach

FL

Zip Code

33572

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]

Ike Thomas President

4-27-00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PCEO	<input checked="" type="checkbox"/> Delete
NAME	HARGETT, PAUL	
STREET ADDRESS	5068 WEST PLANO PKWY, STE. 300	
CITY-ST-ZIP	PLANO TX	
TITLE	V	<input type="checkbox"/> Delete
NAME	THOMAS, JEFFREY H.	
STREET ADDRESS	HWY #41 & STATE RD 672	
CITY-ST-ZIP	RUSKIN, FL 00000	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	RAINES, JAMES M.	
STREET ADDRESS	4040 BROADWAY, STE. 611	
CITY-ST-ZIP	SAN ANTONIO TX	
TITLE	AS	<input type="checkbox"/> Delete
NAME	KIRBY, JOHN	
STREET ADDRESS	STAR ROUTE 21A	
CITY-ST-ZIP	BASTROP TX	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	HARGETT, PAUL	
STREET ADDRESS	5068 WEST PLANO PKWY, STE. 300	
CITY-ST-ZIP	PLANO TX	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P/S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Thomas Ike	
STREET ADDRESS	103 Big Bend Road	
CITY-ST-ZIP	Apollo Beach, FL 33572	
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		
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]

Ike Thomas 4-27-00 813-677-0779

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)



DO NOT WRITE IN THIS SPACE

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90067 001 ***300.00