

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 05, 2002 8:00 am**  
**Secretary of State**

02-05-2002 90114 020 \*\*\*\*50.00

003877

**DOCUMENT # L01000007418**

1. Entity Name  
**MICHAELS NURSERY LLC**

Principal Place of Business Mailing Address  
~~5275 STEINER RD~~ ~~5275 STEINER RD~~  
~~BOYNTON BEACH FL 33436~~ ~~BOYNTON BEACH FL 33436~~

U I O I U U



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address  
**8325 State Rd 7** **Same**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State 4. FEI Number Applied For  
**Boynton Bch, FL** **65-1094512**  Not Applicable  
 Zip Country Zip Country 5. Certificate of Status Desired  \$5.00 Additional Fee Required  
**33437 Palm Beach**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**PETERSON, DAVID L**  
**4501 TAMiami TRAIL NORTH, STE 300**  
**NAPLES FL 34103**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** *William C. Churchill* **William C. Churchill** 1-22-02 561-734-3110  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (9/01)