6/11

FILED
Jul 04, 2002 8:00 am
Secretary of State

06-11-2002 90393 032 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000028509

1. Entity Name
PALM CITY NURSERY INC.

DO NOT WRITE IN THIS SPACE

37774

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2. Principal Place of Business	3. Mailing Address
3308 MAP RD	3300 MAP RD
Suite, Apt. #, etc. PALM CITY	Suite, Apt. #, etc.
City & State PALM CITY FL	City & State PALM CITY
Zip 34990 Country MARTIN	Zip 34990 Country MARTIN

4. FEI Number 65-1089375 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name Robert STURGES

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

PO BOX 2494

City JENSON BEACH FL Zip Code 34958

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 _____ DATE

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	PRESIDENT
NAME	ROBERT STURGES
STREET ADDRESS	3300 MAP RD
CITY-ST-ZIP	PALM CITY FL 34990
TITLE	VICE PRES.
NAME	Robert Quaglieri
STREET ADDRESS	4441 SECHESAPAKE BAY DR
CITY-ST-ZIP	STUART FL 34997

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

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034B (12/01)

Attachment #P01000028509/3774

[redacted]

TO HOME IT MAY CONSERN

I DIDN'T RECIEVE A 2002 BUISNESS REPORT FROM F.D.S, DIVISHION of OORPORATIONS. AND DIDN'T KNOW WHEN IT WAS DEW. I WAS TALKING TO MY ACCOONT ABOUTH MY CORP. HE HAD ASKED ME IF I HAD RENEWED T CORP. I TOLD HIM NO. AND HE GAVE THE INFO TO OBTAIN A COPY OF UNIFORM BUISNESS REPORT. WHEN I CALLED DIV OF CORT. THEY TOLDE ME TO SEND IT IN WITH $150.00 FOR RENEWAL SO COULD YOU PLEASE RENEW MY CORP. FOR THIS FEE.

THANK YOU.

R D Douglas