

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 06, 2002 8:00 am
Secretary of State

03-20-2002 90038 038 ***150.00

DOCUMENT # P01000115355

1. Entity Name
GILMER NURSERY, INC.

Principal Place of Business

12325 S.W. 72ND STREET
 MIAMI FL 33183

Mailing Address

12325 S.W. 72ND STREET
 MIAMI FL 33183

40709



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

03-0383505

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MENENDEZ, DAVID
12325 S.W. 72ND STREET
MIAMI FL 33183

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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

TITLE Delete
D
 NAME **MENENDEZ, DAVID**
 STREET ADDRESS **12325 S.W. 72ND STREET**
 CITY-ST-ZIP **MIAMI FL 33183**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Please see copy of cancelled check within original due date.

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date


Daytime Phone #

CR2E034 (4/02)

Attachment

40709

P01000 ~~115355~~

 <p>GILMER FARMS, INC. 1525 S.W. 72ND ST. SUITE 409 MIAMI, FL 33182-2516</p>		13689
Pay to the order of <i>Department of State</i>	DATE <i>3/25/02</i>	\$ <i>150.00</i>
DEPARTMENT OF STATE OB	POSTAL AUTHORITY FOR THE UNITED STATES OF AMERICA POST OFFICE BOX 1000 WASHINGTON, DC 20501-1000	100000150001
FOR DEPOSIT ONLY P01000115355	MICR LINE ⑆013689⑆ ⑆06601137⑆ ⑆066013989⑆5	⑆0000015000⑆

Check 13689 Amount \$150.00 Date 3/25/2002