

1 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2001 8:00 am
Secretary of State

01-25-2001 90160 012 ***158.75

0117151

DOCUMENT # 014018

1. Entity Name

MELROSE NURSERY, INC.

Principal Place of Business

26100 SW 112 AVE
HOMESTEAD FL 33032
US

Mailing Address

26100 SW 112 AVE
HOMESTEAD FL 33032
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-0356195**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FRITZ, JOHN CALVIN
10950 SW 27TH ST.
DAVIE FL 33328

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

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, 2001 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	S	<input type="checkbox"/> Delete
NAME	JOYCE W. FRITZ	
STREET ADDRESS	7540 W. 7 AVE.	
CITY-ST-ZIP	HIALEAH FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	FRITZ, JEFFREY E	
STREET ADDRESS	775 W 75TH ST	
CITY-ST-ZIP	HIALEAH FL	
TITLE	DT	<input type="checkbox"/> Delete
NAME	FRITZ, JACK S	
STREET ADDRESS	1026 SNAPPER LANE	
CITY-ST-ZIP	KEY LARGO FL 33037	
TITLE	D	<input type="checkbox"/> Delete
NAME	FLOYD, JENNIFER J.	
STREET ADDRESS	14920 FOXHEATH DR.	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	FRITZ, JOHN CLAVIN	
STREET ADDRESS	10950 SW 27 ST	
CITY-ST-ZIP	DAVIE FL	
TITLE		<input type="checkbox"/> Delete
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	16801 S. W. 78 PLACE	
CITY-ST-ZIP	Miami, Fla. 33157	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	9729 No. Grand Duke circle	
CITY-ST-ZIP	Tamarac, Fla. 33321	
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:

John Calvin Fritz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/01

(305) 258-3411

Date

Daytime Phone #

CR2E034 (10/00)