

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 249253

1. Entity Name

EAST MARSH NURSERY, INC.

Principal Place of Business

7100 HILLSBORO CANAL RD.
POMPANO BCH. FL 33067

Mailing Address

7100 HILLSBORO CANAL RD.
POMPANO BCH. FL 33067-3901

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

59-0923983

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SOOWAL, JEROME
8810 WATEROAK PLACE
TEQUESTA FL 33469

7. Name and Address of New Registered Agent

Name

LOUISE E. SOOWAL

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

8810 WATEROAK PLACE

TEQUESTA, FL 33469

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, 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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	SOOWAL, JERRY	
STREET ADDRESS	8810 WATEROAK PLACE	
CITY-ST-ZIP	TEQUESTA FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	MCJUNKIN, EUGENIA	
STREET ADDRESS	3000 SR 70 W	
CITY-ST-ZIP	LAKE PLACID FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MCJUNKIN, J MORGAN	
STREET ADDRESS	3000 ST 70 W	
CITY-ST-ZIP	LAKE PLACID FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	SOOWAL, LOUISE	
STREET ADDRESS	8810 WATEROAK PLACE	
CITY-ST-ZIP	TEQUESTA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DECEASED	
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	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRESIDENT	
STREET ADDRESS	SOOWAL, LOUISE	
CITY-ST-ZIP	8810 WATEROAK PLACE S.E.	
	TEQUESTA, FL 33469	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90172 021 ***150.00



DO NOT WRITE IN THIS SPACE

CR2F034 (9/99)