

# 2000 UNIFORM BUSINESS REPORT (UBR)

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

05-04-2000 90172 021 \*\*\*150.00

**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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**59-0923983**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

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 F. 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<b>P</b> <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SOOWAL, JERRY</b>	NAME	<b>DECEASED</b>
STREET ADDRESS	<b>8810 WATEROAK PLACE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>TEQUESTA FL</b>	CITY-ST-ZIP	
TITLE	<b>VPD</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCJUNKIN, EUGENIA</b>	NAME	
STREET ADDRESS	<b>3000 SR 70 W</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>LAKE PLACID FL</b>	CITY-ST-ZIP	
TITLE	<b>SD</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCJUNKIN, J MORGAN</b>	NAME	
STREET ADDRESS	<b>3000 ST 70 W</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>LAKE PLACID FL</b>	CITY-ST-ZIP	
TITLE	<b>T</b> <input type="checkbox"/> Delete	TITLE	<b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SOOWAL, LOUISE</b>	NAME	<b>SOOWAL, LOUISE</b>
STREET ADDRESS	<b>8810 WATEROAK PLACE</b>	STREET ADDRESS	<b>8810 WATEROAK PLACE S.E.</b>
CITY-ST-ZIP	<b>TEQUESTA FL</b>	CITY-ST-ZIP	<b>TEQUESTA, FL 33469</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 #

*Louise F. Soowal* **4/21/00 954-755-5700**

CR2FC34 (9/99)