

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90138 006 ***158.75

DOCUMENT # 340851

1. Entity Name

ARCHIE HAMLIN NURSERY, INC.



Principal Place of Business

420 7TH AVENUE N.E.

P.O. BOX 277

RUSKIN FL 33570

Mailing Address

420 7TH AVENUE N.E.

P.O. BOX 277

RUSKIN FL 33570

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-1280226**

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

GRAWLING, CHROS

420 7TH AVENUE NE

RUSKIN FL 33570

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

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
☐ Delete	D BOLLING, BRENT	☐ Change ☐ Addition	
STREET ADDRESS	4822 JUSTIN LN	STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY FL 33565	CITY-ST-ZIP	
☐ Delete	PTD GRAWLING, CHRIS	☐ Change ☐ Addition	
STREET ADDRESS	420 7TH AVE NE	STREET ADDRESS	
CITY-ST-ZIP	RUSKIN FL 33570	CITY-ST-ZIP	
☐ Delete	VPS FAGOT, CAROL	☐ Change ☐ Addition	
STREET ADDRESS	4047 30TH ST SE	STREET ADDRESS	
CITY-ST-ZIP	RUSKIN FL 33570	CITY-ST-ZIP	
☐ Delete		☐ Change ☐ Addition	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
☐ Delete		☐ Change ☐ Addition	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
☐ Delete		☐ Change ☐ Addition	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. 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 10 or Block 11 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

1/14/03

Date

813-645-2525

Daytime Phone #

CR2E034 (10/02)