

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91845 037 ***150.00

DOCUMENT # **422087**

1. Entity Name

DEMINICO NURSERIES, INC.



30113614

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Rt. 15, Box 3088, Ridge Rd

Suite, Apt. #, etc.

3. Mailing Address

Rt. 15, Box 3088 Ridge Rd

Suite, Apt. #, etc.

City & State

Lake City, Florida

City & State

Lake City, Florida

4. FEI Number

59-1456316

Applied For

Not Applicable

Zip

32024

Country

USA

Zip

32024

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name DeMinico, Pasquale A.

Street Address (P.O. Box Number is Not Acceptable)
Route 15, Box 3088

Ridge Road

City Lake City

FL

Zip Code
32024

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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE PD
NAME DEMINICO, PASQUALE A.
STREET ADDRESS Rt. 15, Box 3088, Ridge Road
CITY - ST - ZIP Lake City, FL 32024

TITLE STD
NAME DEMINICO, CATHERINE F.
STREET ADDRESS Rt. 15, Box 3088, Ridge Road
CITY - ST - ZIP Lake City, FL 32024

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Catherine F. DeMinico
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Catherine F. DeMinico

Date

4/22/03 386-755-8866
Daytime Phone #

CR2E034B (12/02)