

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 446144**

1. Entity Name

GARDEN WORLD OF HUDSON, INC.**FILED**
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90065 040 ***150.00

628611

DO NOT WRITE IN THIS SPACE

Principal Place of Business

**14162 BUCZAK RD
BROOKSVILLE FL 34614
US**

Mailing Address

**14162 BUCZAK RD
BROOKSVILLE FL 34614-2906
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1527015

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**KALTENBACH (DONALD F.)
7716 MASSACHUSETTS AVE.
NEW PORT RICHEY FL 34552**

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, 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
P	METTLER, LEE	1724 HUDSON ST	ENGLEWOOD FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
V	METTLER, MIKE	14162 BUCZAK RD	BROOKSVILLE FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
TS	METTLER, TRACY	14162 BUCZAK RD	BROOKSVILLE FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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: *Tracy Mettler* *Tracy Mettler*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 2000 352-754-8596

Date

Daytime Phone #