

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2001 8:00 am
Secretary of State

03-21-2001 90065 026 ***150.00

0087771

DOCUMENT # 514385

1. Entity Name

ALL FLORIDA NURSERY & IRRIGATION SUPPLY, INC.

Principal Place of Business

**1984 TIGERTAIL BLVD
 #9
 DANIA FL 33004-2105**

Mailing Address

**1984 TIGERTAIL BLVD
 #9
 DANIA FL 33004-2105**

UUU27644



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1984 TIGERTAIL BLVD. #9
 Suite, Apt. #, etc.

3. Mailing Address

1984 TIGERTAIL BLVD #9
 Suite, Apt. #, etc.

City & State

DANIA, FLORIDA

City & State

DANIA, FLORIDA

4. FEI Number

59-1699660

Applied For

Not Applicable

Zip

Country

33004-2105 BROWARD

Zip

Country

33004-2105 BROWARD

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**HOLZSCHUH, JOHN
 621 NE 2 PL.
 DANIA FL 33004**

7. Name and Address of New Registered Agent

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, 2001 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** ☐ Delete
 NAME **HOLZSCHUH, JOHN**
 STREET ADDRESS **621 NE 2 PL.**
 CITY-ST-ZIP **DANIA FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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

PRESIDENT 3/19/01

Date

Daytime Phone #

954-929-4602

CR2E034 (10/00)