**FILED** 

## **2002 UNIFORM BUSINESS REPORT (UBR)**

## Mar 24, 2002 8:00 am Secretary of State DOCUMENT # 567894 i. Entity Name 03-24-2002 90089 009 \*\*\*150.00 REDLAND NURSERY, INC. Principal Place of Business Mailing Address 18455 S.W. 264 STREET 18455 S.W. 264 STREET HOMESTEAD FL 33031 HOMESTEAD FL 33031 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEi Number 59-1806749 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DEMOTT, JOHN C. Street Address (P.O. Box Number is Not Acceptable) 18455 S.W. 264 STREET HOMESTEAD 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, 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Delete TITLE TITLE Change ☐ Addition CR2E034 (9/01 DEMOTT, JOHN C. NAME NAME STREET ADDRESS 18455 S.W. 264 ST. STREET ADDRESS HOMESTEAD FL CITY-ST-ZIP CITY-ST-ZIP TITLE ? STD Delete TITLE ☐ Change ☐ Addition **DEMOTT, JOE CAROLYN** NAME NAME 18455 S.W. 264 ST. STREET ADDRESS STREET-ADDRESS CITY-9T-ZIF HOMESTEAD FL CITY-ST-7IP TITLE Defete TITLE anitibbA 🗔 -F: Change NAME DEMOTT, RAYMOND NAME STREET ADDRESS STREET ADDRESS 18455 S.W. 264 ST. CITY-ST-ZIP HOMESTEAD FL CITY-ST-ZIP □ Delete Change Addition NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition 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.