

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2002 8:00 am
Secretary of State

03-03-2002 90088 047 ***150.00

DOCUMENT # 609843

1. Entity Name
COUNTRY JOE'S NURSERY, INC.

Principal Place of Business
7291 LAWRENCE RD
BOYNTON BEACH FL 33436-8515
US

Mailing Address
7291 LAWRENCE RD
BOYNTON BEACH FL 33436-8515
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1889636**

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

ENGLERT, DAVID M.
7241 LAWRENCE ROAD
BOYNTON BEACH FL 33436-8515

Name **DAVID M. ENGLERT**

Street Address (P.O. Box Number is Not Acceptable)

9072 WINDING WOODS DR

City **LAKE WORTH**

FL

Zip Code **33467**

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 *David M. Englert* **PRESIDENT**

2-18-02

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, 2002 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 **PVSD** ☐ Delete
NAME **ENGLERT, BRENDA**
STREET ADDRESS **7241 LAWRENCE RD**
CITY-ST-ZIP **BOYNTON BEACH FL 33436-8515**

TITLE **PVSD** ☒ Change ☐ Addition
NAME **ENGLERT, DAVID**
STREET ADDRESS **9072 WINDING WOODS DR**
CITY-ST-ZIP **LAKE WORTH, FL 33467**

TITLE **T** ☐ Delete
NAME **ENGLERT, DAVID**
STREET ADDRESS **9177 LAWRENCE RD**
CITY-ST-ZIP **BOYNTON BEACH FL 33436**

TITLE **T** ☒ Change ☐ Addition
NAME **BRENDA ENGLERT**
STREET ADDRESS **1650 SR 7**
CITY-ST-ZIP **LAKE WORTH, FL 33467**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: *David M. Englert* **PRESIDENT**

2-18-02 965-9722

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)