

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 648334

1. Entity Name
VICKERS' ANNUAL PLANTS, INC.

Principal Place of Business

2100-53RD AVE E
P.O. BOX 1087
BRADENTON FL 34203
US

Mailing Address

P.O. BOX 1087
ONECO FL 39264

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 59-1967282

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VICKERS, PHILLIP L
237 MAGELAN DR
SARASOTA FL 34243

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	D	<input type="checkbox"/> Delete
NAME	VICKERS, MARTHA	
STREET ADDRESS	237 MAGELAN DR	
CITY-ST-ZIP	SARASOTA FL 34243	
TITLE	D	<input type="checkbox"/> Delete
NAME	VICKERS, VERNON E	
STREET ADDRESS	237 MAGELLAN DR	
CITY-ST-ZIP	SARASOTA FL 34243	
TITLE	PD	<input type="checkbox"/> Delete
NAME	VICKERS, PHILLIP	
STREET ADDRESS	237 MAGELLAN DR	
CITY-ST-ZIP	SARASOTA FL 34243	
TITLE	STD	<input type="checkbox"/> Delete
NAME	YOUNG, VICKIE	
STREET ADDRESS	6805 283 RD ST E	
CITY-ST-ZIP	MYAKKA CITY FL 34251	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Vickie Young Sec/2nc*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/01

941-755-4437

Date

Daytime Phone #

FILED

May 10, 2001 8:00 am
Secretary of State

05-10-2001 90079 047 ***150.00

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DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)