

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90032 019 ***150.00

DOCUMENT # G82385

1. Entity Name
G & B NURSERY, INC.

Principal Place of Business

% GERARD M. VITALE
 13711 SHERIDAN STREET
 FT. LAUDERDALE FL 33330

Mailing Address

% GERARD M. VITALE
 13711 SHERIDAN STREET
 FT. LAUDERDALE FL 33330



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 % BERNARD PASSES

3. Mailing Address
 % BERNARD PASSES

Suite, Apt. #, etc.
 12104 PASEO WAY

Suite, Apt. #, etc.
 12104 PASEO WAY

City & State
 COOPER CITY FL.

City & State
 COOPER CITY FL.

4. FEI Number **59-2350053**

Applied For
 Not Applicable

Zip
 33026

Country
 USA

Zip
 33026

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VITALE, GERARD M.
 13711 SHERIDAN STREET
 FT. LAUDERDALE FL 33330

7. Name and Address of New Registered Agent

Name **BERNARD PASSES**
 Street Address (P.O. Box Number is Not Acceptable)
 12104 PASEO WAY
 COOPER CITY
 City **FL** Zip Code **33026**

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 *Bernard PASSES* **BERNARD PASSES** 4/16/02
 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP VITALE, GERARD M 13711 SHERIDAN STREET FT LAUDERDALE, FL 00000	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PASSES, BERNARD 12104 PASEO WAY COOPER CITY FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VITALE, ANNE E 13711 SHERIDAN ST FT LAUDERDALE FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP VITALE, GERARD M APT 501 800 S. OCEAN BLVD DEERFIELD BEACH FL 33441	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VITALE, ANNE E. APT 501 800 S. OCEAN BLVD DEERFIELD BEACH FL 33441	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Bernard PASSES* **BERNARD PASSES** 4/16/02 954-434-4200
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/01)