

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

0053870 AV

DOCUMENT # H54695

1. Entity Name
FLORIDA PALM TREE SALES AND NURSERY, INC.



05-01-2003 90200 036 ***150.00

Principal Place of Business
**1911 HWY 77
P.O. BOX 1242
LYNN HAVEN FL 32444
US**

Mailing Address
**1911 HWY. 77
P.O. BOX 1242
LYNN HAVEN FL 32444
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2564718**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CHAMBLESS, WILLIAM J.
1100 HARVARD BLVD
LYNN HAVEN FL 32444**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	CHAMBLESS, WILLIAM J.	
STREET ADDRESS	1100 HARVARD BLVD	
CITY-ST-ZIP	LYNN HAVEN FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	CHAMBLESS, JOANN LYNN	
STREET ADDRESS	1100 HARVARD BLVD	
CITY-ST-ZIP	LYNN HAVEN FL	
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Joann Lynn Chambless*
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-03
Date

850-265-3106
Daytime Phone #

CR2E034 (10/02)