

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J55586

1. Entity Name

GARDEL NATURAL FLORALS, INC.

Principal Place of Business

264 ROUND LAKE PL
PALATKA FL 32177
US

Mailing Address

P O BOX 247
PALATKA FL 32178
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 59-2777279

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GARRIS, MARY H.
264 ROUND LAKE RD
PALATKA FL 32177

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME GARRIS, EDWARD WALTER
STREET ADDRESS 264 ROUND LAKE RD
CITY-ST-ZIP PALATKA FL 32177 ☐ Delete

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

TITLE PD
NAME GARRIS, MARY H.
STREET ADDRESS 264 ROUND LAKE RD
CITY-ST-ZIP PALATKA FL 32177 ☐ Delete

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

TITLE VDT
NAME GARRIS, THOMAS C
STREET ADDRESS 2024 5TH PO BOX 2112
CITY-ST-ZIP FLAGLER BCH FL 32136 ☐ Delete

TITLE
NAME
STREET ADDRESS 2024 SAIA PO BOX 2182
CITY-ST-ZIP FLAGLER BCH FL 32136 ☒ Change ☐ Addition

TITLE VD
NAME GARRIS, EDWARD W., III
STREET ADDRESS 8810 FISHERMAN'S BAY DR.
CITY-ST-ZIP SARASOTA FL ☐ Delete

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

TITLE VD
NAME GARRIS, GREGORY S
STREET ADDRESS PENIEL RD RT 3 BOX 2490
CITY-ST-ZIP PALATKA FL 32177 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

Mary H. Garris

Mary H. Garris

4/21/01

(904) 325-3744

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0454771

CR2E034 (10/00)

FILED
Apr 28, 2001 8:00 am
Secretary of State

04-28-2001 90070 011 ***150.00



DO NOT WRITE IN THIS SPACE