

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 18, 2002 8:00 am
Secretary of State

03-18-2002 90071 023 ***158.75

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DOCUMENT # K03625

1. Entity Name

PARAMOUNT NURSERY, INC.

Principal Place of Business

**11334 N. 172ND PL
 JUPITER FL 33478
 US**

Mailing Address

**3620 OAKVIEW CT.
 THE HAMLET
 DELRAY BEACH FL 33445
 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

65-0014100

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**GRAYSON, HOWARD H.
 3620 OAKVIEW COURT
 THE HAMLET
 DELRAY BEACH FL 33445**

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, 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	PTD	<input type="checkbox"/> Delete
NAME	GRAYSON, HOWARD H.	
STREET ADDRESS	3620 OAKVIEW CT.	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	VPAT	<input type="checkbox"/> Delete
NAME	KING, TOM	
STREET ADDRESS	17060 113TH DR., N.	
CITY-ST-ZIP	JUPITER FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GRAYSON, ANN G.	
STREET ADDRESS	3620 OAKVIEW CT.	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	EVP	<input type="checkbox"/> Delete
NAME	GRAYSON, JEFFREY	
STREET ADDRESS	375 DOUGLAS AVE-SUITE 1002	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	
TITLE	AS	<input type="checkbox"/> Delete
NAME	FRASCA, ELIZABETH	
STREET ADDRESS	888 WASHINGTON ST.	
CITY-ST-ZIP	DEDHAM MA	
TITLE	VP	<input type="checkbox"/> Delete
NAME	TABOR, DARLA	
STREET ADDRESS	9136 SE APOLLO	
CITY-ST-ZIP	HOBE SOUND FL 33455	

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	
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	
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:

Howard H. Grayson
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-25-02 561-746-4646

CR2E034 (9/01)