

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90165 002 ***150.00

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DOCUMENT # K41792

1. Entity Name
H.O.S. NURSERY, INC.



Principal Place of Business
**12218 ELKINS RD
DADE CITY FL 33525
US**

Mailing Address
**12218 ELKINS RD
DADE CITY FL 33525
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 **59-2915035**

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

**STURWOLD, RAYMOND E
37837 MERIDIAN AVE., SUITE 311
DADE CITY FL 33525**

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
NAME **PD**
STREET ADDRESS **HOLTZHOWER, CHRIS**
CITY-ST-ZIP **12218 ELKINS RD
DADE CITY FL 33525** ☐ Delete

TITLE
NAME **S**
STREET ADDRESS **Holtzhower, Melissa M.**
CITY-ST-ZIP **12218 ELKINS RD.
DADE CITY, FL 33525** ☐ Change ☒ Addition

TITLE
NAME **VSTD**
STREET ADDRESS **STURWOLD, RAYMOND E**
CITY-ST-ZIP **604 SOUTH 21ST STREET
DADE CITY FL 33525** ☐ Delete

TITLE
NAME **VSTD**
STREET ADDRESS **STURWOLD, RAYMOND E**
CITY-ST-ZIP **604 SOUTH 21ST STREET
DADE CITY, FL 33525** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Chris Holtzhower 4/14/03

Date

Daytime Phone #

352-567-9898

CR2E034 (10/02)