

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2002 8:00 am
Secretary of State

02-01-2002 90057 044 ***150.00

DOCUMENT # K47526

1. Entity Name
BIG TREE NURSERY, INC.

Principal Place of Business

% ROY G. DAVIS
 3216 MCINTOSH
 DOVER FL 33527

Mailing Address

% ROY G. DAVIS
 3216 MCINTOSH
 DOVER FL 33527

2. Principal Place of Business

4807 N GALLAGHER RD

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PLANT CITY, FL

City & State

4. FEI Number

65-0085329

Applied For

Not Applicable

Zip

Country

Zip

Country

33566

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DAVIS, ROY G.
3216 MCINTOSH
DOVER FL 33556

Name

Street Address (P.O. Box Number is Not Acceptable)

3224 MCINTOSH RD

City

DOVER,

FL

Zip Code

33527

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
 NAME **DAVIS, ROY G.**
 STREET ADDRESS **3224 MCINTOSH RD**
 CITY-ST-ZIP **DOVER FL**

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

TITLE **VPST** ☐ Delete
 NAME **DAVIS, STEVEN W.**
 STREET ADDRESS **3216 MCINTOSH RD**
 CITY-ST-ZIP **DOVER FL**

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

TITLE **D** ☐ Delete
 NAME **DAVIS, LETA**
 STREET ADDRESS **3224 MCINTOSH RD**
 CITY-ST-ZIP **DOVER FL**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ 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: Signature of Steven W. Davis **Steven W Davis** **813 6894075**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)