

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L76585

1. Entity Name

PINE VALLEY NURSERY, INC.

**FILED**  
**Apr 13, 2001 8:00 am**  
**Secretary of State**

04-13-2001 90059 006 \*\*\*150.00

Principal Place of Business

2518 HAAS RD  
APOPKA FL 32712

Mailing Address

2518 HAAS RD  
APOPKA FL 32712

AVU47030

2. Principal Place of Business

*Pine Valley Nursery*  
Suite, Apt. #, etc.

3. Mailing Address

*2518 Haas Rd*  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

*Apopka*

City & State

*FL*

4. FEI Number

59-3017092

Applied For

Not Applicable

Zip

*32712*

Country

Zip

*FL*

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional-  
Fee Required

6. Name and Address of Current Registered Agent

BOTTOMS, E.D.  
2518 HAAS RD  
APOPKA FL 32712

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

TITLE ☐ Delete  
NAME PSD  
STREET ADDRESS BOTTOMS, E.D.  
CITY-ST-ZIP 2518 HAAS RD  
APOPKA FL

TITLE ☐ Delete  
NAME VTD  
STREET ADDRESS BOTTOMS, LUSEANE  
CITY-ST-ZIP 2518 HAAS RD  
APOPKA FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

*Luseane Bottoms* Luseane Bottoms

4-9-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)