FILED

2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with

Feb 13, 2002 8:00 am DOCUMENT # M64451 **Secretary of State** 1. Entity Name 02-13-2002 90213 032 ***150.00 ABELL'S NURSERY, INC. Principal Place of Business Mailing Address 5850 HYPOLUXO ROAD 5850 HYPOLUXO ROAD R0023770 LAKE WORTH FL 33463 LAKE WORTH FL 33463 US 115 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0028429 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ... 7. Name and Address of New Registered Agent ABELL, ELBERT R. Street Address (P.O. Box Number is Not Acceptable) 5850 HYPOLUXO ROAD LAKE WORTH FL 33463 City Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (9/01) TITLE: ☐ Delete TITLE Change ☐ Addition NAME NAME ABELL, ELBERT R STREET ADDRESS STREET ADDRESS 5850 HYPOLUXO RD CITY "ST-ZIP CITY-ST-ZIP LAKE WORTH FL TITLE ☐ Addition TITLE ☐ Delete Abell, Melodye 5850 Hypoluso Ra NAME ABELL, MELODYS S. NAME STREET ADDRESS STREET ADDRESS 5850 HYPOLUXO RD SO CITY-ST-ZIP CITY-ST-7IP LAKE WORTH FL ☐ Delete ☐ Change TITLE" TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ■ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP 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