

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 29, 2002 8:00 am**  
**Secretary of State**

04-29-2002 90082 013 \*\*\*150.00

DOCUMENT # M 67832

1. Entity Name

ORMOND GARDEN CENTER, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

548 S. YONGE ST.

Suite, Apt. #, etc.

3. Mailing Address

548 S. YONGE ST.

Suite, Apt. #, etc.

City & State

ORMOND BEACH FL

City & State

ORMOND BEACH FL

Zip

32174

Country

USA.

Zip

32174

Country

USA

4. FEI Number

59-2873582

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

BARRY HUGHES, atty.

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

2001 S. RIDGEWOOD AVE

City

S. DAYTONA

FL

Zip Code

32119

**DO NOT WRITE  
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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  
NAME

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

PRES. & TREAS & DIRECTOR  
EUGENE P. PHELPS  
203 S. ORCHARD ST 8A  
ORMOND BEACH, FL 32174

TITLE  
NAME

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

V. PRES & SECY & DIRECTOR  
NANCY G. DRIVER  
1211 VALENCIA AVE.  
HOLLY HILL, FL 32117

TITLE  
NAME

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

DIRECTOR  
RICHARD E KING  
888 TAYLOR RD  
PORT ORANGE, FL 32127

TITLE  
NAME

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Eugene P. Phelps

EUGENE P. PHELPS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

4/15/02

Date

386-673-7941

Daytime Phone #

CR2E034B (12/01)