

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 04, 2002 8:00 am
Secretary of State

08-04-2002 90167 039 ****61.25

DOCUMENT # N00000002685

1. Entity Name

CELESTIAL THERAPEUTIC AND ORNAMENTAL GARDENS, IN C.

Principal Place of Business

Mailing Address

11064 KEY MADERIA DR
 JACKSONVILLE FL 32218

11064 KEY MADERIA DR
 JACKSONVILLE FL 32218

2. Principal Place of Business

11141 Key Haven Blvd

3. Mailing Address

11141 Key Haven Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Jacksonville, FL

4. FEI Number

59-3613663

Applied For

Not Applicable

Zip

32218

Country

Oval

Zip

32218

Country

Oval

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

PASCIUTO, VERONICA J
 11064 KEY MADERIA DR
 JACKSONVILLE FL 32218

Name Veronica J. Pasciuto Crider

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

11141 Key Haven Blvd.

City

Jacksonville

FL

Zip Code

32218

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

Veronica J. Pasciuto Crider

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

July 3, 2002

DATE

**After September 13, 2002,
 min. will be \$236.25.**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	PASCIUTO, PATRICIA	
STREET ADDRESS	11064 KEY MADERIA DR	
CITY-ST-ZIP	JACKSONVILLE FL 32218	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	PASCIUTO, VERONICA J	
STREET ADDRESS	11064 KEY MADERIA DR	
CITY-ST-ZIP	JACKSONVILLE FL 32218	
TITLE	VD	<input type="checkbox"/> Delete
NAME	JEWETT, MICHELLE	
STREET ADDRESS	2961 S HORIZON PLACE	
CITY-ST-ZIP	OVIEDO FL 32765	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P/O/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Veronica Crider	
STREET ADDRESS	11141 Key Haven Blvd.	
CITY-ST-ZIP	Jacksonville, FL 32218	
TITLE	V/O	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Patricia Pasciuto	
STREET ADDRESS	11064 Key Madeira Dr.	
CITY-ST-ZIP	Jacksonville, FL 32218	
TITLE	V/O	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Elizabeth Peak	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (4/02)

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 617, 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:

Veronica J. Pasciuto Crider

July 3, 2002

704-838-2308