

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 18, 2003 8:00 am
Secretary of State

08-18-2003 90166 011 ***150.00

0128503
AT

DOCUMENT # P00000010620

1. Entity Name

PALM ISLAND NURSERY & LANDSCAPING, INC.



Principal Place of Business

**6852 S BABCOCK ST
PALM BAY FL 32909**

Mailing Address

**6852 S BABCOCK ST
PALM BAY FL 32909**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-5260076

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**FISCHER, KRISTIN
6852 S BABCOCK ST
PALM BAY FL 32909**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FISCHER, RAYMOND 6852 S BABCOCK ST PALM BAY FL 32909	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST FISCHER, KRISTIN 6852 S BABCOCK STREET PALM BAY FL 32909	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 607, 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-15-03

321 744 4205

CR2E034 (4/03)

Attachment

90151040

6852 S. Babcock St.
Palm Bay, FL 32909
321-724-4205
Fax=321-724-6825

#P00000010620

Palm Island Nursery & Landscaping Inc.


August 15, 2003

Uniform Business Report
Division of Corporations
P O Box 1500
Tallahassee, FL 32302

Gentlemen:

The attached 2003 FOR PROFIT CORPORATION, DOCUMENT P00000010620 is the only report we have received this year. Accompanying this letter is our check for \$150.00 for filing fees.

Sincerely,


Ray Fischer
President

