

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2001 8:00 am
Secretary of State
 05-01-2001 90035 045 ***158.75

DOCUMENT # P00000021577

1. Entity Name

ZIA NURSERY, INC.

Principal Place of Business

**6655 PARSON BROWN DR.
 ORLANDO FL 32819**

Mailing Address

**6655 PARSON BROWN DR.
 ORLANDO FL 32819**

2. Principal Place of Business

1115 CEMETERY RD.

Suite, Apt. #, etc.

3. Mailing Address

1115 CEMETERY RD.

Suite, Apt. #, etc.

City & State

HAINES CITY, FL

Zip
33844

Country
POLK

City & State

HAINES CITY, FL

Zip
33844

Country
POLK

4. FEI Number

59-3649030

Applied For
 Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**SULLIVAN, JOHN P
 6655 PARSON BROWN DR.
 ORLANDO FL 32819**

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

John P. Sullivan III

JOHN P. SULLIVAN III, SEC. 4/11/01

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

**PRESIDENT
 JAMES R. THOMPSON JR.
 1115 CEMETERY RD.
 HAINES CITY, FL 33844**

TITLE ☐ Delete

**VICE PRESIDENT
 TROY S. MILLER
 11904 EUBANK RD.
 CLAREMONT, FL 34711**

TITLE ☐ Delete

**SEC/TRES.
 JOHN P. SULLIVAN III
 6655 PARSON BROWN DR.
 ORLANDO, FL 32819**

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

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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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

John P. Sullivan III
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN P. SULLIVAN III 4/11/01 648-2225
 Date Daytime Phone #

CR2E034 (10/00)

0071844