

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2001 8:00 am
Secretary of State
 04-19-2001 90082 018 ***150.00

DOCUMENT # P00000045871

1. Entity Name
DAVE'S LILYS & PLANTS, INC.

Principal Place of Business Mailing Address
4038 HIGHWAY 17 SOUTH **4038 HIGHWAY 17 SOUTH**
GREEN COVE SPRINGS FL 32043 **GREEN COVE SPRINGS FL 32043**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
4038 Highway South **P.O. Box 725**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
GREEN COVE SPRGS, FL. **Green Cove Spgs - FL.**
 Zip Zip Country Country
32043 **32043-0725** **Clay** **Clay**

4. FEI Number Applied For
59-3644663 ☐ Not Applicable
 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
SPIEGEL & UTRERA, P.A. Name
343 ALMERIA AVENUE Street Address (P.O. Box Number is Not Acceptable)
CORAL GABLES FL 33134 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 _____ (NOTE: Registered Agent signature required when reinstating)
 Signature, typed or printed name of registered agent and title if applicable. 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TALBOTT, DAVID L	NAME	
STREET ADDRESS	4038 HIGHWAY 17 SOUTH	STREET ADDRESS	
CITY-ST-ZIP	GREEN COVE SPRINGS FL 32043	CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOSWELL, DONNA L	NAME	
STREET ADDRESS	4038 HIGHWAY 17 SOUTH	STREET ADDRESS	
CITY-ST-ZIP	GREEN COVE SPRINGS FL 32043	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		NAME	
STREET ADDRESS		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 changed, or on an attachment with an address, with an other like empowered.
SIGNATURE: David L. Talbott **DAVID L. Talbott** 3-30-01 (904) 284-9874
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #

CR2E034 (10/00)