

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2001 8:00 am
Secretary of State
 03-13-2001 90003 020 ***150.00

DOCUMENT # P00000065870

1. Entity Name
B & M NURSERY, INC.

Principal Place of Business Mailing Address
4725 LEWELLYN ROAD 4725 LEWELLYN ROAD
LAKELAND FL 33810 LAKELAND FL 33810

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 **59-3657752** Applied For
 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name **HAZEL R. BRATCHER**
 Street Address (P.O. Box Number is Not Acceptable)
4725 LEWELLYN ROAD
 City **LAKELAND** FL Zip Code **33810**

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 *Hazel R. Bratcher* (NOTE: Registered Agent signature required when reinstating) **3-8-01** 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	PD	<input type="checkbox"/> Delete
NAME	BRATCHER, WARREN L	
STREET ADDRESS	4725 LEWELLYN ROAD	
CITY-ST-ZIP	LAKELAND FL 33810	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	MERDITH, WILLIAM J	
STREET ADDRESS	4725 LEWELLYN ROAD	
CITY-ST-ZIP	LAKELAND FL 33810	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BRATCHER, HAZEL R	
STREET ADDRESS	4725 LEWELLYN ROAD	
CITY-ST-ZIP	LAKELAND FL 33810	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MERDITH, DOLLIE F	
STREET ADDRESS	4725 LEWELLYN ROAD	
CITY-ST-ZIP	LAKELAND FL 33810	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 all other like empowered.

SIGNATURE: *Hazel R. Bratcher* **HAZEL R. BRATCHER** **3-8-01** **8583740**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (10/00)