

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 14, 2001 8:00 am**  
**Secretary of State**  
 05-14-2001 90016 006 \*\*\*150.00

0104928

**DOCUMENT # P00000106557**

1. Entity Name

**RICKELS TROPICAL NURSERY, INC.**

Principal Place of Business

**2048 THOMAS STREET  
 HOLLYWOOD FL 33021**

Mailing Address

**2048 THOMAS STREET  
 HOLLYWOOD FL 33021**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

**P.O. Box 2292**

**Hollywood FL**

**33022**

**U.S.**



DO NOT WRITE IN THIS SPACE

4. EFL Number

**58-2502998**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**RICKELS, NOWYA  
 2048 THOMAS STREET  
 HOLLYWOOD FL 33021**

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

*[Signature]*

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

(NOTE: Registered Agent signature required when reinstating)

**3/28/01**

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 ☐ Delete

NAME *[Signature]*  
 STREET ADDRESS *[Signature]*  
 CITY-ST-ZIP *[Signature]*

TITLE ☐ Delete

NAME *[Signature]*  
 STREET ADDRESS *[Signature]*  
 CITY-ST-ZIP *[Signature]*

TITLE ☐ Delete

NAME *[Signature]*  
 STREET ADDRESS *[Signature]*  
 CITY-ST-ZIP *[Signature]*

TITLE ☐ Delete

NAME *[Signature]*  
 STREET ADDRESS *[Signature]*  
 CITY-ST-ZIP *[Signature]*

TITLE ☐ Delete

NAME *[Signature]*  
 STREET ADDRESS *[Signature]*  
 CITY-ST-ZIP *[Signature]*

TITLE ☐ Delete

NAME *[Signature]*  
 STREET ADDRESS *[Signature]*  
 CITY-ST-ZIP *[Signature]*

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☒ Addition

NAME **JESSICA N. Rickels**  
 STREET ADDRESS **2048 Thomas St.**  
 CITY-ST-ZIP **Hollywood FL 33021**

TITLE ☒ Change ☒ Addition

NAME **Kiel C. Rickels**  
 STREET ADDRESS **2048 Thomas St.**  
 CITY-ST-ZIP **Hollywood FL 33021**

TITLE ☐ Change ☒ Addition

NAME **Kimberly N. Rickels**  
 STREET ADDRESS **2048 Thomas St.**  
 CITY-ST-ZIP **Hollywood FL 33021**

TITLE ☐ Change ☒ Addition

NAME **Jerald Rickels**  
 STREET ADDRESS **2048 Thomas St.**  
 CITY-ST-ZIP **Hollywood FL 33021**

TITLE ☐ Change ☐ Addition

NAME *[Signature]*  
 STREET ADDRESS *[Signature]*  
 CITY-ST-ZIP *[Signature]*

TITLE ☐ Change ☐ Addition

NAME *[Signature]*  
 STREET ADDRESS *[Signature]*  
 CITY-ST-ZIP *[Signature]*

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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/28/01**

Date

Daytime Phone #

CR2E034 (10/00)