

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90087 013 ***150.00

DOCUMENT # P01000028859

1. Entity Name

FLORIDA GREENWAYS NURSERY & LANDSCAPE CENTER, INC.

Principal Place of Business

**14979 SOUTHWEST 16TH AVENUE
 Ocala FL**

Mailing Address

**14979 SOUTHWEST 16TH AVENUE
 Ocala FL**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

34473-7847

Zip

Country

34473-7847

4. FEI Number

593714504

Applied For

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

POU, CHRISTOPHER M

**14979 SOUTHWEST 16TH AVENUE
 Ocala FL**

Name

Armando Poy

Street Address (P.O. Box Number is Not Acceptable)

14979 SW 16 Avenue

City

Ocala

FL

Zip Code

34473

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, 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, 2002 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 **D** ☒ Delete
 NAME **POU, CHRISTOPHER M**
 STREET ADDRESS **14979 SOUTHWEST 16TH AVENUE**
 CITY-ST-ZIP **OCALA FL**

TITLE **PRES/D** ☒ Change ☒ Addition
 NAME **Armando Poy**
 STREET ADDRESS **14979 SW 16 Avenue**
 CITY-ST-ZIP **Ocala, FL. 34473-7847**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VP/SEC/D** ☐ Change ☒ Addition
 NAME **GARY M. Poy**
 STREET ADDRESS **14979 SW 16 Avenue**
 CITY-ST-ZIP **Ocala, FL. 34473-7847**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

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

5-1-02

Date

(352) 307-3300

Daytime Phone #

CR2E034 (9/01)