

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90128 012 ***150.00

DOCUMENT # P01000039431

1. Entity Name
M & K NURSERY, INC.



Principal Place of Business
**RT 1 BOX 1810
WHITE SPRINGS FL 32096**

Mailing Address
**RT 1 BOX 1810
WHITE SPRINGS FL 32096**

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 **59-3717667**

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

**ROBERTS, WILLIAM J JR
1929 S FIRST ST
LAKE CITY FL 32025**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KLINGER, RICHARD RR 1 BOX 1810 WHITE SPRINGS FL 32096 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MALONEY, MARK D RR 1 BOX 1810 WHITE SPRINGS FL 32096 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard P. Klinger, Pres 2/1/03 **386/397 1886**

Date

Daytime Phone #

CR2E034 (10/02)

Attachment
PO100003943

33000416

February 1, 2003

Dear Florida Division of Corporations,

Columbia County has changed all rural route addresses to street names and numbers for the new E-911. Would you please change the street addresses for M & K Nursery, Inc., Richard Klinger and Mark D. Maloney from Rt1 Box 1810 to 1358 NW White Springs Ave. Thank you.

Richard Klinger
Pres.

Richard Klinger

FE 1 # 59-3717667