

FILED

Jun 03, 2002 8:00 am
Secretary of State

05-15-2002 90103 050 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)DOCUMENT # 401000053986 ✓

1. Entity Name

Southern Nursery Supply Inc.

DO NOT WRITE IN THIS SPACE

91018

2. Principal Place of Business

2410 NE 34 CT

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 5208

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Lighthouse Point, FL

City & State

Lighthouse Point, FL

4. FEI Number

65-1108640

Applied For

Not Applicable

Zip

33064

Country

USA

Zip

33064

Country

USA5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

SPIEGEL + UTRERA, P.A.

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

343 ALMERIA AVE.CORAL GABLES

FL

Zip Code
33134DO NOT WRITE
IN THIS SPACE

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 UIC 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) ☐

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.24

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
NAME
STREET ADDRESS
CITY-ST-ZIPPRESIDENT
KEN BATZER
2410 NE 34 CT
Lighthouse Point, FL 33064TITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPSECRETARY
MARSHA B. BATZER
2410 NE 34 CT
Lighthouse Point FL 33064TITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
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CITY-ST-ZIPDO NOT WRITE
IN THIS SPACE

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: K. Batzer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President4/30/02

Date

954-781-0008

Daytime Phone #

CR2ED34B (12/01)