

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91563 003 ***150.00

DOCUMENT # P01000085645

1. Entity Name

G & P HORTICULTURE, INC.
5740 HALIFAX AVE, UNIT 1
FORT MYERS, FL 33912

DO NOT WRITE IN THIS SPACE

642858

2. Principal Place of Business

5740 HALIFAX AVE
Suite, Apt. #, etc.
UNIT 1

3. Mailing Address

5740 HALIFAX AVE
Suite, Apt. #, etc.
UNIT 1

DO NOT WRITE IN THIS SPACE

City & State

FORT MYERS, FL

City & State

FORT MYERS, FL

4. FEI Number

65-1134224

Applied For

Not Applicable

Zip

33912

Country

LEE

Zip

33912

Country

LEE

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name
GEOFFREY S. GAGEN

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

5740 HALIFAX AVE, UNIT 1

City
FORT MYERS

FL Zip Code
33912

**DO 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

G. S. Gagen

GEOFFREY S. GAGEN

04.15.02

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) ☐

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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-ZIP
PT	GEOFFREY S. GAGEN	5740 HALIFAX AVE, UNIT 1	FORT MYERS, FL 33912
VPS	PAMELA A. GAGEN	5740 HALIFAX AVE, UNIT 1	FORT MYERS, FL 33912

**DO 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)(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 on an attachment with an address, with all other like empowered.

SIGNATURE:

G. S. Gagen

G. S. GAGEN

04.15.02

941-218-8594

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)