

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2003 8:00 am
Secretary of State

03-19-2003 90158 043 ***150.00

DOCUMENT # P01000085645

1. Entity Name
G & P HORTICULTURE, INC.



Principal Place of Business
**C/O GEOFFREY S. GAGEN.
5740 HALIFAX AVE. UNIT #1
FORT MYERS FL 33912**

Mailing Address
**C/O GEOFFREY S. GAGEN.
5740 HALIFAX AVE. UNIT #1
FORT MYERS FL 33912**



2. Principal Place of Business

3. Mailing Address

P.O. Drawer 60205

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Fort Myers, FL

4. FEI Number **65-1134224**

Applied For

Not Applicable

Zip

Country

Zip

Country

33906

US

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

**ROYSTON, ROBERT D JR.
5740 HALIFAX AVE.
UNIT 1
FORT MYERS FL 33912**

Name

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

12670 New Brittany Blvd.

Suite **401**

City

Fort Myers, FL

FL

Zip Code

33907

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)

1/20/2003
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

TITLE **PT** ☐ Delete
NAME **GAGEN, GEOFFREY S**
STREET ADDRESS **5740 HALIFAX AVE. - UNIT 1**
CITY-ST-ZIP **FORT MYERS FL 33912**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **14315 Reflection Lakes Drive**
CITY-ST-ZIP **Fort Myers, FL 33907**

TITLE **VS** ☐ Delete
NAME **GAGEN, PAMELA A**
STREET ADDRESS **5740 HALIFAX AVE. - UNIT 1**
CITY-ST-ZIP **FORT MYERS FL 33912**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **14315 Reflection Lakes Drive**
CITY-ST-ZIP **Fort Myers, FL 33907**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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

3/10/03 239 590 9496
Date Daytime Phone #

CR2E034 (10/02)