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FILED
Aug 08, 2002 8:00 am
Secretary of State

03-03-2002 90077 034 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000115205

1. Entity Name
PRINCETON NURSERIES II, INC.

Principal Place of Business
PO BOX 924634
HOMESTEAD FL 33092

Mailing Address
PO BOX 924634
HOMESTEAD FL 33092

[redacted]

[redacted]

DO NOT WRITE IN THIS SPACE

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 65-1156413 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TREWICK, GARY
23500 SW 127TH AVE
HOMESTEAD FL 33092

7. Name and Address of New Registered Agent

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

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 $550.00
After September 13, 2002 Fee will be $750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	DP TREWICK, GARY PO BOX 924634 HOMESTEAD FL 33092	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (4/02)

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 G Trewick 8/5/02 305-258-3636
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #

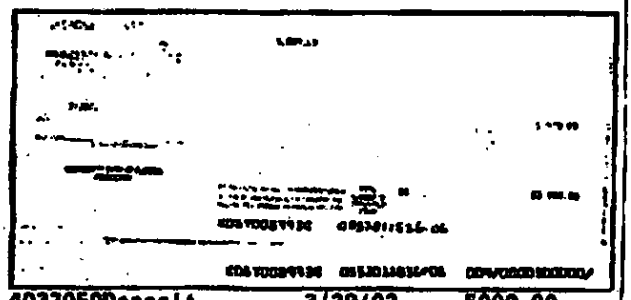
Attachment # P01000015205

4107[redacted]

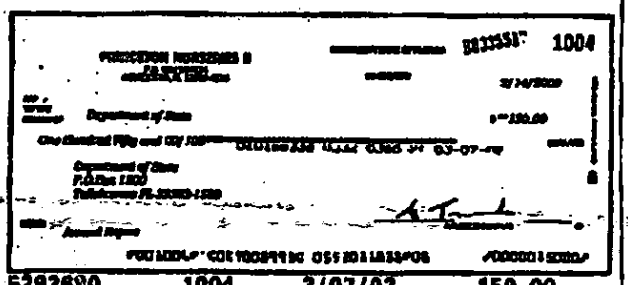
COMMUNITY BANK OF FLORIDA

MEMBER FDIC

...Exceeding your Expectations



4032050Deposit 3/29/02 6000.00



5282680 1004 3/07/02 150.00

Attachment #: P01000115205

[redacted]

41070

PRINCETON NURSERIES II INC
P.O.BOX 924634
HOMESTEAD FL 33092-4634
July 3, 2002

Florida Department of State
Division of Corporations
P.O.Box 6327
Tallahassee FL 32314

Dear Sirs:

We are returning Uniform Business Report 2002, along with copy of cancelled check #1004 2/14/02 (processed on 3/7/02) for $150.00, as proof that payment was made in a timely manner.

Yours truly,

PRINCETON NURSERIES II INC

Per _____
Gary Trewick