FILED
May 06, 2003 8:00 am
Secretary of State
05-06-2003 90051 044 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000114874

1. Entity Name
FLORIDA COURTNEY HORTICULTURE, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4900 MANATEE AVE. W
Suite, Apt. #, etc.
101
City & State
BRADENTON, FLA.
Zip 34209 Country USA

3. Mailing Address
Suite, Apt. #, etc.
SAME
City & State
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number
41-2065157
☐ Applied For
☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name
CALVERT-COURTNEY
Street Address (P.O. Box Number is Not Acceptable)
2202 - 6th ST. W
City
PALMETTO, FL. FL Zip Code 34221

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] 4-30-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CEO
NAME	CALVERT COURTNEY
STREET ADDRESS	2202 - 6th ST. W
CITY-ST-ZIP	PALMETTO, FL. 34221
TITLE	
NAME	
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CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4-30-03 941-750-8767
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E048 (12/00)