

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2004 8:00 am
Secretary of State

03-23-2004 90013 002 ***150.00

DOCUMENT # P03000026605

1. Entity Name
UNIQUE VISIONS NURSERY AND LANDSCAPE, INC.



Principal Place of Business
**P O BOX 3144
PONTE VEDRA, FL 32004-3144**

Mailing Address
**P O BOX 3144
PONTE VEDRA, FL 32004-3144**

24027749

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02202004

Chg-P

CR2E034 (10/03)

4. FEI Number

65-1177323

Applied For

Not Applicable

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 *address correction*

**JONES, GREGORY B
917 9 STREET NORTH
JACKSONVILLE BEACH, FL 32250**

Name

same - no change

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

917 11th Street North

(address correction)

City

Jacksonville Beach

FL

Zip Code

32250

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSTD
JONES, GREGROY B
917 9 ST NORTH
JACKSONVILLE BEACH, FL 32250**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
917 11th St North

☒ Change ☐ Addition

address correction

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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☐ Change ☐ Addition

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

3-21-04

Date

904-334-3157

Daytime Phone #