

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

07 AUG 23 AM 8:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000072654

1. Entity Name

JACK AND JILL NURSERY AND GARDEN CENTER, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

13930 US HWY 41

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
SPRING HILL, FL

City & State

4. FEI Number

41-2206644

Applied For

Not Applicable

Zip

Country

Zip

Country

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

34610

7. Name and Address of Current Registered Agent

Name

JAMES MENNIE

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

13930 US HWY 41

City

SPRING HILL

FL

Zip Code
34610**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. 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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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.

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT JAMES MENNIE 18111 HERON WALK DR. TAMPA, FL 33647
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**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/1/07 979-0534

292



Jack and Jill Nursery & Garden Center

13930 U.S. 41 Springhill, Florida 34610

Florida Department of State

Division of Corporations

P.O. Box 6327

Tallahassee, Florida 32314

VIA FAX 850-245-6017

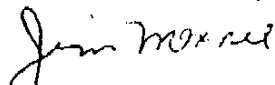
Att: Deborah

August 16, 2007

Dear Deborah:

Thank you for taking my call the other day in reference to Jack And Jill Nursery And Garden Center, Inc. Please be advised that I never received the notice sent in January regarding the filing of the annual report. I am respectfully requesting a cancellation of the \$400.00 late fee that was assessed.

Respectfully,


Jim Mennie