

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90214 017 ***150.00

DOCUMENT # P92000002040

1. Entity Name

PEERLESS PLANTS OF FLORIDA, INC.

Principal Place of Business

**1048 N USTLER RD
 APOPKA FL 32712**

Mailing Address

**PO BOX 1478
 APOPKA FL 32704**

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 **59-3139049**

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

**BLOUNT, RICHARD E JR
 1401 LAKE FRANCIS DRIVE
 APOPKA FL 32712**

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.

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 \$150.00
 After MAY 1, 2001 Fee will be \$550.00
 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	D	<input type="checkbox"/> Delete
NAME	BOOGAART, JOSEPH D	
STREET ADDRESS	1048 N USTLER RD	
CITY-ST-ZIP	APOPKA FL 32712	
TITLE	D	<input type="checkbox"/> Delete
NAME	WALTERS, GEORGE	
STREET ADDRESS	25603 TROON AVE	
CITY-ST-ZIP	MT PLYMOUTH FL 32776	
TITLE	D	<input type="checkbox"/> Delete
NAME	WERT, CHARLES	
STREET ADDRESS	2236 RED EMBER RD	
CITY-ST-ZIP	OVIEDO FL 32765	
TITLE	D	<input type="checkbox"/> Delete
NAME	MAGUIRE, ROBERT	
STREET ADDRESS	302 W ORANGE ST	
CITY-ST-ZIP	GROVELAND FL 34736	
TITLE	D	<input type="checkbox"/> Delete
NAME	MAGUIRE, GARY	
STREET ADDRESS	1134 VIRGINIA AVE	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	
TITLE	P	<input type="checkbox"/> Delete
NAME	BLOUNT, RICHARD E JR	
STREET ADDRESS	8220 CATHY ANN ST	
CITY-ST-ZIP	ORLANDO FL 32818	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)