

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90105 005 ***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, 2002 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
 NAME

**D.
 BOOGAART, JOSEPH D
 1048 N USTLER RD
 APOPKA FL 32712**

☐ Delete

STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME

**D
 WALTERS, GEORGE
 25603 TROON AVE
 MT PLYMOUTH FL 32776**

☐ Delete

STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME

**D
 WERT, CHARLES
 2238 RED EMERALD RD
 OVIEDO FL 32765**

☐ Delete

STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME

**D
 MAGUIRE, ROBERT
 302 W ORANGE ST
 GROVELAND FL 34736**

☐ Delete

STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME

**D
 MAGUIRE, GARY
 1134 VIRGINIA AVE
 ALTAMONTE SPRINGS FL 32701**

☐ Delete

STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME

**P
 BLOUNT, RICHARD E JR
 8220 CATHY ANN ST
 ORLANDO FL 32818**

☐ Delete

STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME

**PMB, 417, 4740 E. SUNRISE DR
 TULSON, AZ 85718**

☒ Change ☐ Addition

STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME

STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME

STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME

STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME

STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME

**1401 LAKE FRANCIS DRIVE
 APOPKA, FL 32712**

☒ Change ☐ Addition

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:

RICHARD E. JR. Blount Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/28/02

Daytime Phone #

407-889-7117

CR2E034 (9/01)