

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90339 016 ***150.00

0074092 AV

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

4. FEI Number **59-3139049**

Applied For

Not Applicable

Zip

Country

Zip

Country

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. 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, 2003 Fee will be \$550.00
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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Delete
NAME **BOOGAART, JOSEPH D**
STREET ADDRESS **PMB 417, 4740 E. SUNRISE DR.**
CITY-ST-ZIP **APOPKA FL 32712**

TITLE **Vice President** ☐ Change ☒ Addition
NAME **Tenn: Blount**
STREET ADDRESS **1401 Lake Francis Dr.**
CITY-ST-ZIP **Apopka, FL 32712**

TITLE **D** ☒ Delete
NAME **WALTERS, GEORGE**
STREET ADDRESS **25603 TROON AVE**
CITY-ST-ZIP **MT PLYMOUTH FL 32776**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **WERT, CHARLES**
STREET ADDRESS **2236 RED EMBER RD**
CITY-ST-ZIP **OVEDO FL 32765**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **MAGUIRE, ROBERT**
STREET ADDRESS **302 W ORANGE ST**
CITY-ST-ZIP **GROVELAND FL 34736**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **MAGUIRE, GARY**
STREET ADDRESS **1134 VIRGINIA AVE**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32701**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P** ☐ Delete
NAME **BLOUNT, RICHARD E JR**
STREET ADDRESS **1401 LAKE FRANCIS DR.**
CITY-ST-ZIP **APOPKA FL 32712**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

4/29/03

407-882-7117

CR2E034 (10/02)