

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 04, 2001 8:00 am**
Secretary of State

05-04-2001 90051 023 ***150.00

DOCUMENT # P94000017547

1. Entity Name

ARBORTECH NURSERIES, INC.

Principal Place of Business

**23371 HARBORVIEW RD
PORT CHARLOTTE FL 33980
US**

Mailing Address

**23371 HARBORVIEW RD
PORT CHARLOTTE FL 33980
US**

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 **65-0470235**

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

**HARLESS, ELIZABETH
256 AMBLER ST
PORT CHARLOTTE FL 33954**

Cancel

Name

Charles E Harless III

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

256 Ambler St

City

Port Charlotte

FL

Zip Code

33954

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

Charles E. Harless III

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-issuing)

4/25/01

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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
P HARLESS, CHARLES E III 23371 HARBORVIEW ROAD CHARLOTTE HARBOR FL	<input type="checkbox"/>		
V HARLESS, ELIZABETH 23371 HARBORVIEW RD PORT CHARLOTTE FL	<input checked="" type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		

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

4/25/01 941-764-7003

Date

Daytime Phone #

CR2E034 (10/00)