

DOCUMENT # P94000031167

1. Entity Name
MERISTEM NURSERY, INC.

FILED
Jan 10, 2001 8:00 am
Secretary of State

01-10-2001 90148 012 ***150.00

Principal Place of Business Mailing Address
18740 S.W. 218 ST. 18740 S.W. 218 ST.
GOULDS FL 33170 GOULDS FL 33170



DO NOT WRITE IN THIS SPACE

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 65-0486718 Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SMYTHE, JOSEPH D
18740 S.W. 218 ST.
GOULDS FL 33170

7. Name and Address of New Registered Agent

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: Joseph D Smythe pres DATE: 1-5-01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 ☐ \$5.00 May Be
Trust Fund Contribution. Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE	PSD <input type="checkbox"/> Delete
NAME	SMYTHE, JOSEPH D
STREET ADDRESS	18740 S.W. 218 ST.
CITY - ST - ZIP	GOULDS FL 33170
TITLE	_____ <input type="checkbox"/> Delete
NAME	_____
STREET ADDRESS	_____
CITY - ST - ZIP	_____
TITLE	_____ <input type="checkbox"/> Delete
NAME	_____
STREET ADDRESS	_____
CITY - ST - ZIP	_____
TITLE	_____ <input type="checkbox"/> Delete
NAME	_____
STREET ADDRESS	_____
CITY - ST - ZIP	_____
TITLE	_____ <input type="checkbox"/> Delete
NAME	_____
STREET ADDRESS	_____
CITY - ST - ZIP	_____

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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	_____
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	_____
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: Joseph D Smythe Date: 1-5-01 Daytime Phone #: 305 245 4543
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)