

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P94000055868**

1. Entity Name

PAYNE'S NURSERY INC.**FILED**
Apr 06, 2001 8:00 am
Secretary of State

04-06-2001 90056 020 ***150.00

0448862

Principal Place of Business

19921 152ND ST
LIVE OAK FL 32060
US

Mailing Address

19921 152ND ST
LIVE OAK FL 32060
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

59-3258745

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

PAYNE, CAROLYN
19921 152ND ST
LIVE OAK FL 32060

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

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 State10. 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
	PSTD	PAYNE, CAROLYN	19921 152ND ST							
		LIVE OAK FL								
	VPD	PAYNE, RAY	19921 152ND ST	<input checked="" type="checkbox"/>						
		LIVE OAK FL								
				<input 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:

CAROLYN PAYNE - Carolyn Payne

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/4/01

Daytime Phone #

904-776-1414

CR2E034 (10/00)