

0242003
**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 APR 10 AM 10:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000081827

1. Entity Name

McCurdy Nursery, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
24900 SW 197 Ave.

3. Mailing Address
24900 Sw 197 Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Homestead, FL

City & State
Homestead.

4. FEI Number 65-0629546

Applied For

Not Applicable

Zip
33031

Country
USA

Zip
33031

Country
USA

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

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Raul E Pastran

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

333 NE 8th Street

City Homestead

FL

Zip Code
33030

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

January 1 - May 1, Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

McCurdy, Robert P.T, S, D
24900 SW 197 Ave.
Homestead, FL 33031

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert McCurdy

Date

4-4-2003

Daytime Phone #

805-212-7069

CR2E034B (12/02)

PASTRAN, P.A., CPA'S

A PROFESSIONAL ASSOCIATION OF CERTIFIED PUBLIC ACCOUNTANTS

March 24, 2003

Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

Attention: Reinstatements

Re: McCurdy Nursery, Inc.
Document No. P95000081827

To Whom It May Concern:

Please find attached completed 2002 and 2003 Uniform Business Reports for the above corporation, along with their check in the amount of \$300.00 for the annual fees.

Mr. McCurdy did not realize he did not receive or pay the annual fee for 2002 and now the 2003 report is due. Please waive any reinstatement fees for this corporation.

If you have any questions, please call me. Thank you for your assistance.

Sincerely,



Raul E. Pastran, CPA, CFST
Pastran, PA, CPA's

Encls:
REP:mf