

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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FILED

03 SEP 30 AM 9:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000010784

1. Entity Name
EDGEWOOD NURSERY, INC.



Principal Place of Business
326 HAVANA ROAD
VENICE FL 34292

Mailing Address
326 HAVANA ROAD
VENICE FL 34292

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 65-0698080

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RODEN, DONNA-LEE M ESQ.
901 VENETIA BAY BLVD.
SUITE 110
VENICE FL 34292

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 \$550.00

After September 10, 2003 Fee will be \$750.00

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 P
NAME COOPER, C WAYNE
STREET ADDRESS 326 HAVANA RD
CITY-ST-ZIP VENICE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP
NAME ELLIOTT, DAVID
STREET ADDRESS 326 HAVANA RD
CITY-ST-ZIP VENICE FL 34292

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S/T
NAME WILLIS, MIA
STREET ADDRESS 4492 BROOKSDALE DR
CITY-ST-ZIP SARASOTA FL 34232

TITLE
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CITY-ST-ZIP

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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

9/21/03

941 488 8899

CR2E034 (4/03)

Edgewood Nurseries, Inc.

326 N. HAVANA ROAD
VENICE, FLORIDA 34292
(941) 488-8899 FAX (941) 484-0390

September 24, 2003

Please be advised that we never received anything in the mail from the Division of Corporations until approximately 10 days ago.

In conversation with your representative in the Division of Corps., I was told to send a check for \$150.00 and ask that any penalty be waived.

Thank you for this consideration.

Sincerely,



**Wayne Cooper
Edgewood Nursery**