

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000046836

1. Entity Name
GRACE NURSERY, INC.

Principal Place of Business

1313 FIXFIRE DR
APOPKA FL 32712

Mailing Address

1313 FIXFIRE DR
APOPKA FL 32712

2. Principal Place of Business

2177 Vick Road
Apopka, FL 32712

3. Mailing Address

2177 Vick Road
Apopka, FL 32712

City & State

Apopka, FL

City & State

Apopka, FL

4. FEI Number

59-3448614

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MILLS, CHRISTIE D
1313 FIXFIRE DR
APOPKA FL 32712

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 State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	MILLS, CHRISTIE D	
STREET ADDRESS	1313 FIXFIRE DR	
CITY-ST-ZIP	APOPKA FL 32712	
TITLE	D	<input type="checkbox"/> Delete
NAME	MILLS, CHARLES T	
STREET ADDRESS	1313 FIXFIRE DR	
CITY-ST-ZIP	APOPKA FL 32712	
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	mills christie	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1313 Foxfire Dr	
STREET ADDRESS	Apopka, FL 32712	
CITY-ST-ZIP		
TITLE	Mills Charles	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1313 Fox Fire Dr	
STREET ADDRESS	Apopka, FL 32712	
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:

Christie Mills President

Date

1-12-01

Daytime Phone #

407-884-9843

FILED
Jan 20, 2001 8:00 am
Secretary of State

01-20-2001 90106 022 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)