

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90363 039 ***150.00

DOCUMENT # P96000061476

1. Entity Name
COASTAL AND NATIVE PLANT SPECIALTIES, INC.

Principal Place of Business

**5951 OGLESBY RD
MILTON FL 32570**

Mailing Address

**600 SCENIC HWY
SUITE 223
PENSACOLA FL 32513**

84



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5951 Oglesby Rd

Suite, Apt. #, etc.

1
MILTON, FL

3. Mailing Address

16 Port Royal Way

Suite, Apt. #, etc.

PENSACOLA, FL

City & State

32570

Country

USA

City & State

32501

Country

USA

4. FEI Number **59-3385567**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HOVANESIAN, ARCHIBALD JR
600 SCENIC HWY
SUITE 223
PENSACOLA FL 32503**

7. Name and Address of New Registered Agent

Hovanessian, Archibald, Jr
Street Address (P.O. Box Number is Not Acceptable)

16 Port Royal way

City

Pensacola

FL

Zip Code

32501

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

4-27-01

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 **P** ☐ Delete
NAME **HOVANESIAN, JOHN C**
STREET ADDRESS **5951 OGLESBY RD**
CITY-ST-ZIP **MILTON FL 32570**

TITLE **ST** ☐ Delete
NAME **HOVANESIAN, ARCHIBALD JR**
STREET ADDRESS **600 SCENIC HWY, SUITE 203**
CITY-ST-ZIP **PENSACOLA FL 32503**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **16 Port Royal way**
CITY-ST-ZIP **Pensacola, FL 32501**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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, without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-27-01 850-437-4446

CR2E034 (10/00)