2002 UNIFORM BUSINESS REPORT (UBR)

May 01, 2002 8:00 am § Secretary of State P96000095646 DOCUMENT # 1. Entity Name 05-01-2002 91603 018 ***150 00 MAURICE'S NURSERY, INC. Principal Place of Business Mailing Address P.O. BOX 726 P.O. BOX 726 R0083433 LOXAHATCHEE FL 33470 LOXAHATCHEE FL 33470 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number -65-0727923 ---Not Applicable Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MAURICE, BIENNOT Street Address (P.O. Box Number is Not Acceptable) 1335 F ROAD LOXAHATCHEE FL 33470 Zip Code City FL 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** DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change ☐ Addition TITI £ ☐ Delete TITLE NÂME MAURICE, BIENNOT NAME STREET ADDRESS STREET ADDRESS 1335 F ROAD CITY-ST-ZIP CITY-ST-ZIP LOXAHATCHEE FL ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME MAURICE, MARYE Y STREET ADDRESS STREET ADDRESS 1335 F. ROAD CITY-ST-ZIP CITY-ST-ZIP LOXAHATCHEE F Addition TITLE Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

4/15/02

FILED

SIGNATURE: