## **2000 UNIFORM BUSINESS REPORT (UBR)**

## **FILED** DOCUMENT # **P97000065660** Jan 29, 2000 8:00 am Secretary of State 1. Entity Name MCMILLAN'S HORTICULTURE, INC. 01-29-2000 90040 038 \*\*\*150.00 Principal Place of Business Mailing Address 3016 ARGYLE ROAD 3016 ARGYLE ROAD VENICE FL 34293 VENICE FL 34293-3506 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0780191 ۸,۰ Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name REEGLER, SARI LYNN Street Address (P.O. Box Number is Not Acceptable) REEGLER & TORNESE, P.A. 1521 S. TAMIAMI TRAIL SUITE 304 VENICE FL 34292 Zip Code City 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be-Tax filling requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE Delete TITLE ☐ Change Addition MILLIAN, JOHN R NAME NAME 3016 ARGYLE ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP VENICE FL 34293 CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF [] Change ☐ Addition Delete TITLE ITITLE NAME NAME STREET ADDRESS STREET ADDRESS 17Y-ST-7(P CITY-ST-ZIP TLE Delete ☐ Change Addition TITLE AME NAME STREET ADDRESS REET ADDRESS CITY-ST-ZIP Y-ST-ZIP Delete TITLE ☐ Change Addition NAME LET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE: John Mc Mullan John Mc Milk

ST-ZIP

1/24/ Janes

941-493-9757

Daytime Phone #