

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Sep 13, 2000 8:00 am
Secretary of State

09-13-2000 90056 013 ***550.00

DOCUMENT # P98000001530

1. Entity Name

B & S NURSERY INC.

Principal Place of Business

1490 S. MILITARY TRAIL
STE 13G
WEST PALM BEACH FL 33415

Mailing Address

1490 S. MILITARY TRAIL
STE 13G
WEST PALM BEACH FL 33415

2. Principal Place of Business

14301 Okeechobee Blvd
Suite, Apt. #, etc.

3. Mailing Address

1128 Royal Palm Bch Blvd
Suite, Apt. #, etc.

City & State

Loxahatchee Groves, FL
Zip 33470 Country USA

City & State

Royal Palm Beach
Zip FL Country USA

4. FEI Number

65-0805078

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BOUCHLAS, SOTERIO
1490 S. MILITARY TRAIL
STE 13G
WEST PALM BEACH FL 33415

(address change only)

7. Name and Address of New Registered Agent

Name Bouchlas, Soterios

Street Address (P.O. Box Number is Not Acceptable)
14301 Okeechobee Blvd.

City Loxahatchee Groves, FL Zip Code 33470

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

Soterios Bouchlas Soterios Bouchlas

9-11-00

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	BOUCHLAS, SOTERIOS	
STREET ADDRESS	1490 S. MILITARY TRAIL, SUITE 3	
CITY-ST-ZIP	WEST PALM BEACH FL 33415	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	14301 Okeechobee Blvd. (Address only)	
STREET ADDRESS	Loxahatchee Groves, FL 33470	
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		
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:

Soterios Bouchlas Soterios Bouchlas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)