

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2001 8:00 am
Secretary of State
 02-15-2001 90043 010 ***150.00

0484314

DOCUMENT # P98000009891

1. Entity Name
NATHAN WILLIAMS EXOTIC PLANT CARE, INC.

Principal Place of Business
121 FRANKLYN AVE
UNIT W
INDIAN HARBOR BEACH FL 32903

Mailing Address
121 FRANKLYN AVE
UNIT W
INDIAN HARBOR BEACH FL 32903

2. Principal Place of Business
121 Franklyn Ave.
 Suite, Apt. #, etc.
Unit W

3. Mailing Address
121 Franklyn Ave.
 Suite, Apt. #, etc.
Unit W

City & State
Indianantic, FL
 Zip
32903
 Country
U.S.

City & State
Indianantic FL
 Zip
32903
 Country
U.S.



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3489784**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, NATHAN L
121 FRANKLYN AVE
UNIT W
INDIAN HARBOR BEACH FL 32903

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
PD
 NAME
WILLIAMS, NATHAN L
 STREET ADDRESS
121 FRANKLYN AVE UNIT W
 CITY-ST-ZIP
INDIAN HARBOR BEACH FL 32903

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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 CITY-ST-ZIP

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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:

Nathan Williams
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/01

Date

(321)
 676-1543

Daytime Phone #

CR2E034 (10/00)