

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 06, 2002 8:00 am**  
**Secretary of State**

03-06-2002 90008 022 \*\*\*150.00

**DOCUMENT # P98000009891**

1. Entity Name

**NATHAN WILLIAMS EXOTIC PLANT CARE, INC.**

Principal Place of Business

121 FRANKLYN AVENUE  
 UNIT W  
 INDIALANTIC FL 32903

Mailing Address

121 FRANKLYN AVENUE  
 UNIT W  
 INDIALANTIC FL 32903

2. Principal Place of Business

133 Lee St.

Suite, Apt. #, etc.

3. Mailing Address

133 Lee St.

Suite, Apt. #, etc.

City & State

Indialantic, FL

Zip

32903

Country

City & State

Indialantic, FL

Zip

32903

Country

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

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

*Nathan Williams*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/7/02

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, 2002 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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
 NAME Williams, Nathan L  
 STREET ADDRESS 133 Lee St.  
 CITY-ST-ZIP Indialantic, FL. 32903

☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

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

1/7/02

Date

(321)  
 777-0959

Daytime Phone #

CFR2034 (9/01)