

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000017779

1. Entity Name

WAYSIDE NURSERY & FLORIST, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90084 007 ***150.00

Principal Place of Business

770 AIRPORT RD.
PANAMA CITY FL 32405

Mailing Address

770 AIRPORT RD.
PANAMA CITY FL 32405-4003

2. Principal Place of Business

1911 MARTIN LUTHER KING BLVD
Suite, Apt. #, etc.

3. Mailing Address

1911 MARTIN LUTHER KING BLVD
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Panama City, FL
Zip 32405 Country USA

City & State

Panama City, FL
Zip 32405 Country USA

4. FEI Number

65-0814628

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NORMAN, GLENDA GAIL
770 AIRPORT RD.
PANAMA CITY FL 32405

7. Name and Address of New Registered Agent

Name NORMAN, Glenda Gail
Street Address (P.O. Box Number is Not Acceptable)

1911 Martin Luther King Blvd.

City Panama City FL Zip Code 32405

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, 2000 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 PST
NAME NORMAN, GLENDA G
STREET ADDRESS 770 AIRPORT RD.
CITY-ST-ZIP PANAMA CITY FL 32405 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PST
NAME NORMAN, Glenda Gail
STREET ADDRESS 1911 Martin Luther King Blvd.
CITY-ST-ZIP Panama City, FL 32405 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
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:

Glenda G. Norman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2F034 (9/99)