

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2002 8:00 am**  
**Secretary of State**  
 04-16-2002 90060 026 \*\*\*150.00

**DOCUMENT # P98000017779**

1. Entity Name

**WAYSIDE NURSERY & FLORIST, INC.**

Principal Place of Business

**1911 MARTIN LUTHER KING BLVD  
 PANAMA CITY FL 32405  
 US**

Mailing Address

**1911 MARTIN LUTHER KING BLVD  
 PANAMA CITY FL 32405  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

**NORMAN, GLENDA GAIL**

**1911 MARTIN LUTHER KING BLVD  
 PANAMA CITY FL 32405**

Name

**Byrd, Glenda Gail**

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

**1911 Martin Luther King Blvd**

City

**Panama City FL 32405**

**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

*Glenda Gail Byrd*

*4/10/02*

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. ☐

**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
 NAME **PST**  
 STREET ADDRESS **NORMAN, GLENDA G**  
 CITY-ST-ZIP **1911 MARTIN LUTHER KING BLVD  
 PANAMA CITY FL 32405**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ 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:

*Glenda Gail Byrd*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/10/02*

Date

*850-78541657*

Daytime Phone #

CR2E034 (9/01)