

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 20, 2001 8:00 am
Secretary of State

02-20-2001 90042 024 ***150.00

DOCUMENT # **P980000061882**

1. Entity Name

GARDENS + MORE, INC.

Principal Place of Business

Mailing Address

315 W. CYPRESS COVE CIRCLE
DAVIE, FL 33325

315 W. CYPRESS CIRCLE
DAVIE, FL 33325

A0021927

2. Principal Place of Business

15737 SW 20 ST.

3. Mailing Address

15737 SW 20 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

DAVIE, FL

City & State

DAVIE, FL

4. FEI Number

65-0851071

Applied For

Not Applicable

Zip

Country

33326

USA

Zip

Country

33326

USA

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

MONICA RODRIGUEZ
315 W. CYPRESS COVE CIRCLE
DAVIE, FL 33325

Name

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

15737 SW 20 ST

City

DAVIE

FL

Zip Code

33326

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **MONICA RODRIGUEZ**
STREET ADDRESS **315 W. CYPRESS COVE CIRCLE**
CITY-ST-ZIP **DAVIE, FL 33325**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **15737 SW 20 ST.**
CITY-ST-ZIP **DAVIE, FL 33326**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-9-01

CR20034 (1/1/00)