2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE REQUIRED

Jul 31, 2001 8:00 am **Secretary of State** DOCUMENT# P98000081603 07-13-2001 90005 044 ***150.00 MYAKKA RIVER NURSERY, INC. Principal Place of Business Mailing Address 2170 ENGLEWOOD ROAD 2170 ENGLEWOOD ROAD ENGLEWOOD FL 34223 ENGLEWOOD FL 34223 3. Mailing Address 2. Principal Place of Business Same as above Same as above DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-1410929 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ..Name, HOLLAND, FREDDIE J Street Address (P.O. Box Number is Not Acceptable) 2170 ENGLEWOOD ROAD ENGLEWOOD FL 34223 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 Floridal SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After September 12, 2001 Fee will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (5/01) ¹□ Delete TITLE ☐ Change TITLE HOLLAND, FREDDIE J NAME NAME 2170 ENGLEWOOD ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ENGLEWOOD FL 34223 ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ AdditIon TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition DILE NAME NAME STREET ADORESS STREET ADORESS CATY-ST-74P CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

FILED

Division of Cosposations
Uniform Business Report Fiames
P.O. Box. 1500
Tallahassee, FL. 32302-1500

Contlemen:

Encrosed is Check #8530 for 150.00 for 2001 Uniform

Business Report (UBR)

We received your notice - Document P98000081603 yesterday
on Suly 5th in The mail, This is the first such Report

Jarm we received this year 2001-

After phoning 850-488-9000 & speaking with Deidre she informed no to send our check for \$ 150.00 which is informed no to send our check for \$ 150.00 which is the amount we have always faid when your Report the amount we have always faid when your Report was received prior years of the beginning of the year; but as previously stated, we never received your Report earlier this year.

Sincerely, Freddi Jobelland