

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000082080

1. Entity Name
ROY BATTY NURSERY, INC.

Principal Place of Business
1020 MINGO DRIVE
NAPLES FL 34120

Mailing Address
1020 MINGO DRIVE
NAPLES FL 34120

2. Principal Place of Business
AS ABOVE

3. Mailing Address
AS ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-3545422

Applied For
Not Applicable

Zip
Country

Zip
Country

5. Certificate of Status Desired
 \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BATTY, M. ROY
1020 MINGO DR
NAPLES FL 34120

7. Name and Address of New Registered Agent

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

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BATTY, ROY 1020 MINGO DRIVE NAPLES FL 34120	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
		<input type="checkbox"/> Delete				
		<input type="checkbox"/> Delete				
		<input type="checkbox"/> Delete				
		<input type="checkbox"/> Delete				
		<input type="checkbox"/> Delete				
		<input type="checkbox"/> Delete				

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:

M. R. Batty
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/01

Date

941-352-4750
Daytime Phone #