

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90967 042 ***150.00

DOCUMENT # P98000083632

1. Entity Name

FLAGLER NURSERY & DESIGN, INC.



Principal Place of Business

9661 WEST HIGHWAY 100
BUNNELL FL 32110
US

Mailing Address

P.O. BOX 2867
BUNNELL FL 32110
US

2. Principal Place of Business

39 WELLINGTON DR.

3. Mailing Address

Suite, Apt. #, etc.

City & State

PALEMBRO, FL.

City & State

Zip

Country

FL 32164

Country

FL

Zip

Code

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Country

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32164



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-3549267

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROTENBERG, JEROME

4 OLD KINGS ROAD N STE B

PALM COAST FL 32137

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: S
NAME: COSGROVE, JOAN V
STREET ADDRESS: 39 WELLINGTON DR
CITY-ST-ZIP: PALM COAST FL 32164 ☒ Delete

TITLE: DPVT
NAME: COSGROVE, JAMES J
STREET ADDRESS: 39 WELLINGTON DR
CITY-ST-ZIP: PALM COAST FL 32164 ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
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CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE: S
NAME: COSGROVE, JAMES J
STREET ADDRESS: 39 WELLINGTON DR.
CITY-ST-ZIP: PALM COAST, FL. 32164 ☐ Change ☒ Addition

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

James J. Cosgrove

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/03

Date

386-447-2825
386-951-2672

Daytime Phone #

CR2E034 (10/02)