

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2002 8:00 am
Secretary of State

01-29-2002 90016 018 ***150.00

USE IN 35 A1

DOCUMENT # P98000091138

1. Entity Name
KLUEH'S NURSERY, INC.

Principal Place of Business

RT 3 BOX 3823
FT. WHITE FL 32038

Mailing Address

RT 3 BOX 3823
FT. WHITE FL 32038

2. Principal Place of Business

448 S.W. COLGATE LOOP

3. Mailing Address

448 S.W. COLGATE LOOP

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT WHITE, FL

City & State

FT. WHITE, FL

4. FEI Number

59-3538198

Applied For

Not Applicable

Zip

Country

32038-3248

COLUMBIA

Zip

Country

32038-3248

COLUMBIA

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KLUEH, STANLEY R
RT 3 BOX 3823
FT. WHITE FL 32038

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, 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

TITLE **P** ☐ Delete
NAME **KLUEH, STANLEY R**
STREET ADDRESS **RT 3 BOX 3823**
CITY-ST-ZIP **FT. WHITE FL 32038**

TITLE **T** ☐ Delete
NAME **KLUEH, ILA H**
STREET ADDRESS **RT 3 BOX 3823**
CITY-ST-ZIP **FT. WHITE FL 32038**

TITLE **S** ☐ Delete
NAME **KLUEH, GAIL E**
STREET ADDRESS **RT 3 BOX 3823**
CITY-ST-ZIP **FT WHITE FL 32038**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Change ☐ Addition
NAME **KLUEH, STANLEY R.**
STREET ADDRESS **448 S.W. COLGATE LOOP**
CITY-ST-ZIP **FT WHITE, FL 32038-3248**

TITLE **T** ☐ Change ☐ Addition
NAME **KLUEH, ILA H**
STREET ADDRESS **448 S.W. COLGATE LOOP**
CITY-ST-ZIP **FT WHITE, FL 32038-3248**

TITLE **S** ☐ Change ☐ Addition
NAME **KLUEH, GAIL E.**
STREET ADDRESS **452 S.W. COLGATE LOOP**
CITY-ST-ZIP **FT WHITE, FL 32038-3248**

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

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

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

1-12-02

Date

386-454-9813

Daytime Phone #

CR2E034 (9/01)