

2002 UNIFORM BUSINESS REPORT (UBR)

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

04-29-2002 90014 035 ***150.00

DOCUMENT # P99000020516

1. Entity Name
FLORIDA NATIVES NURSERY, INC.

Principal Place of Business

**16018 MILAM DR.
 ODESSA FL 33556**

Mailing Address

**16018 MILAM DR.
 ODESSA FL 33556**

2. Principal Place of Business

**17711 Livingston Ave
 Suite, Apt. #, etc.**

3. Mailing Address

**Same
 Suite, Apt. #, etc.**

City & State

Lutz FL

City & State

Same

4. FEI Number

59-3561539

Applied For

Not Applicable

Zip

33559

Country

USA

Zip

33559

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**MERADITH, REGINA M
 814 HOWARD BLVD. SO.
 TAMPA FL 33606**

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 **D** ☐ Delete
 NAME **MILAM, LAURIE R**
 STREET ADDRESS **16018 MILAM DR.**
 CITY-ST-ZIP **ODESSA FL 33556**

TITLE **VP** ☐ Delete
 NAME **CAPPARELLI, BRIAN**
 STREET ADDRESS **16018 MILAM DR**
 CITY-ST-ZIP **ODESSA FL 33556**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 ☒ Change ☐ Addition
 NAME **17711 Livingston Ave**
 STREET ADDRESS **Lutz FL 33559**
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
 NAME **17711 Livingston Ave**
 STREET ADDRESS **Lutz FL 33559**
 CITY-ST-ZIP

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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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/02 (813) 948-7477
 Date Daytime Phone #

CR2E034 (9/01)