

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000038670**1. Entity Name
BULGER NURSERY, INC.Principal Place of Business
**4740 CLEVELAND HEIGHTS BLVD
LAKELAND FL 33813**Mailing Address
**4740 CLEVELAND HEIGHTS BLVD
LAKELAND FL 33813****FILED**
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90062 033 ***158.75

A0023368

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3995 Hwy 60 East
Suite, Apt. #, etc.3. Mailing Address
3995 Hwy 60 East
Suite, Apt. #, etc.City & State
Mulberry, FloridaCity & State
Mulberry, Florida4. FEI Number **59-3573323**Applied For
Not ApplicableZip Country
33860 USAZip Country
33860 USA5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required****6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****BULGER, MELODY
6715 POLK CREEK DR W.
LAKELAND FL 33811**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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE **D** ☐ Delete
NAME **BULGER, MELODY B**
STREET ADDRESS **3995 HWY 60 EAST**
CITY-ST-ZIP **MULBERRY FL 33860**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **BULGER, JAMES M JR**
STREET ADDRESS **3995 HWY 60 EAST**
CITY-ST-ZIP **MULBERRY FL 33860**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **BULGER, J MICHAEL**
STREET ADDRESS **3995 HWY 60 E**
CITY-ST-ZIP **MULBERRY FL 33860**TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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CITY-ST-ZIPTITLE ☐ 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

J. MICHAEL BULGER

Date

2/12/01

Daytime Phone #

863-425-8000

CR2E034 (10/00)