2002 UNIFORM BUSINESS REPORT (UBR)

May 20, 2002 8:00 am Secretary of State DOCUMENT # P99000038670 1. Entity Name 05-20-2002 90056 032 ***158.75 BULGER NURSERY, INC. Principal Place of Business Mailing Address 3995 HWY 60 EAST 3995 HWY 60 EAST MULBERRY FL 33860 **MULBERRY FL 33860** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 59-3573323 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent *Name* BULGAR, MELODY Street Address (P.O. Box Number is Not Acceptable) 6715 POLAY CREEK DR W. 16. 88 B. D. B. S. LAKELAND FL 33811 Zip Code City FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition TITLE ☐ Change TITLE ☐ Delete NAME NAME BULGER, MELODY B STREET ADDRESS STREET ADDRESS 3995 HWY 60 EAST CITY-ST-ZIP CITY-ST-ZIP **MULBERRY FL 33860** ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME BULGER, JAMES M JR STREET ADDRESS STREET ADDRESS 3995 HWY 60 EAST CITY-ST-ZIP CITY-ST-ZIP MULBERRY FL 33860 __ Change ☐ Addition Delete___ TITLE TITLE NAME NAME **BULGER, J MICHAEL** STREET ADDRESS STREET ADDRESS 3995 HWY 60 E CITY-ST-ZIP CITY-ST-ZIP MULBERRY FL 33860 ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE 5 10 1 NAME NAME STREET ADDRESS STREET ADDRESS A . CITY-ST-ZIP 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 of 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 attachinent with a statutes, with all other like empowered.

SIGNATURE:

SU.Michael/Bülger-QUIRED

863-425-8000

FILED