

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000044725

1. Entity Name
COUNTRY LANE NURSERY, INC.

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90075 001 ***150.00

Principal Place of Business 2990 PARK VILLAGE WAY MELBOURNE FL 32935-2253	Mailing Address 2990 PARK VILLAGE WAY MELBOURNE FL 32940-1631
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 955 SOMERSET LANE Suite, Apt. #, etc.	3. Mailing Address 955 SOMERSET LANE Suite, Apt. #, etc.
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City & State MELBOURNE, FLORIDA	City & State MELBOURNE, FLORIDA	4. FEI Number 112457287	Applied For <input type="checkbox"/> Not Applicable
Zip 32940-1631	Country U.S.A.	Zip 32940-1631	Country U.S.A.

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
**KOROTHY, JOHN P
2990 PARK VILLAGE WAY
MELBOURNE FL 32935-2253**

7. Name and Address of New Registered Agent
Name **KOROTHY, JOHN P.**
Street Address (P.O. Box Number is Not Acceptable) **955 SOMERSET LANE**
City **MELBOURNE** FL Zip Code **32940-1631**

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 *John P. Korothy* **JOHN P. KOROTHY, PRESIDENT** DATE **4/19/00**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	D KOROTHY, JOHN P 2990 PARK VILLAGE WAY MELBOURNE FL 32935-2253 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KOROTHY, JOHN P. 955 SOMERSET LANE MELBOURNE, FLORIDA 32940-1631 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *John P. Korothy* **John P. Korothy** DATE **4/19/00** DAYTIME PHONE # **(321) 403-1034**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)