

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2002 8:00 am
Secretary of State

01-15-2002 90107 048 ***150.00

DOCUMENT # P99000046013

1. Entity Name

FOREVER GREEN FOLIAGE NURSERY, INC.

Principal Place of Business

Mailing Address

**3000 CLAREONA RD
 # 2620
 APOPKA FL 32703**

**3000 CLAREONA RD
 # 2620
 APOPKA FL 32703**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

3000 CLARCONA RD

3000 CLARCONA RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2620

2620

City & State

City & State

APOPKA, FL

APOPKA, FL

Zip

Zip

Country

Country

32703-8743

USA

32703-8743

USA

4. FEI Number

59-1807115

Applied For

Not Applicable

5. 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

**MEIER, PATRICIA
 3000 CLAREONA RD
 # 2620
 APOPKA FL 32703**

Name

MEIER, PATRICIA

Street Address (P.O. Box Number is Not Acceptable)

3000 CLARCONA RD

2620

City

APOPKA

FL

Zip Code

32703-8743

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	MEIER, PATRICIA	
STREET ADDRESS	4926 OLD WINTER GARDEN RD	
CITY-ST-ZIP	ORLANDO FL 32811	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEIER, PATRICIA	
STREET ADDRESS	3000 CLARCONA RD	
CITY-ST-ZIP	# 2620 APOPKA, FL 32703-8743	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

Date

Daytime Phone #

SIGNATURE: PATRICIA MEIER 01-05-02 407 884-0941

CR2E034 (9/01)