

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000075824

1. Entity Name
BRITT ROAD GREENHOUSES, INC.

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90077 005 ***150.00

Principal Place of Business

**3920 BRITT RD.
MT. DORA FL 32757**

Mailing Address

**P.O. BOX 1173
MOUNT DORA FL 32756**

2. Principal Place of Business

3920 Britt Rd

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 1173

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

MOUNT DORA, FL

City & State

MOUNT DORA, FL

4. FEI Number

59-3594293

Applied For

Not Applicable

Zip

32757

Country

Zip

32756

Country

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

**GUCKENBERGER, SANDRA
2261 PARK FOREST BLVD.
MT. DORA FL 32757**

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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
**PTS
GUCKENBERGER, SANDRA
2261 PARK FORBIT BLVD
MOUNT DORA FL 32757**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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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

SANDRA GUCKENBERGER 352-383-3113

Date **4/26/01** Daytime Phone #

CR2E034 (10/00)