

2000 UNIFORM BUSINESS REPORT (UBR)

5.

FILED
Jun 08, 2000 8:00 am
Secretary of State

05-04-2000 90143 009 ***150.00

DOCUMENT # P99000083409

1. Entity Name

ADAMS NURSERY AND WATER GARDEN, INC.

Principal Place of Business

6037 45TH AVE N.
 KENNETH CITY FL 33709

Mailing Address

6037 45TH AVE N.
 KENNETH CITY FL 33709-5106

2. Principal Place of Business

7510-46TH AVE. N.

3. Mailing Address

Suite, Apt. #, etc.

City & State

ST. PETERSBURG, FL

City & State

Zip

33709

Country

USA

Zip

Country

4. FEI Number

39-3606256

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

KOWZAN, LINDA A
 6037 45TH AVE N.
 KENNETH CITY FL 33709

7. Name and Address of New Registered Agent

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

Linda A. Kowzan

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/31/2000

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, 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
 KOWZAN, LINDA A
 6037 45TH AVE N.
 KENNETH CITY FL 33709

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

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12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

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STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ 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:

Linda A. Kowzan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/24/2000

DATE

727-867-3137

Daytime Phone #

CR2E034 (9/99)