

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000089686

1. Entity Name

GARDENER'S COTTAGE, INC.

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90076 042 ***150.00

Principal Place of Business

Mailing Address

1270 ADMIRALTY BLVD
ROCKLEDGE FL 32955

1270 ADMIRALTY BLVD
ROCKLEDGE FL 32922-7825

00072630



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

902 FLA AVE

902 FL.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Cocoa FL.

Cocoa FL.

4. FEI Number

59-360-4125

Applied For

Not Applicable

Zip

Country

32922

FLORIDA

Zip

Country

32922

FLORIDA

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

HANSEN, JEFFREY
1270 ADMIRALTY BLVD
ROCKLEDGE FL 32955

Name SAME

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

902 FLA AVE

City Cocoa

FL

Zip Code 32922

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

Jeff Hansen

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTD
NAME HANSEN, JEFFREY
STREET ADDRESS 1270 ADMIRALTY BLVD
CITY-ST-ZIP ROCKLEDGE FL 32955 ☐ Delete

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

TITLE VD
NAME ADAMS, SHEILA
STREET ADDRESS 1270 ADMIRALTY BLVD
CITY-ST-ZIP ROCKLEDGE FL 32955 ☐ Delete

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

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
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:

Jeff Hansen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)