

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90245 036 \*\*\*150.00

**DOCUMENT # P99000102920**

1. Entity Name  
**FLORIDA KEYS NATIVE NURSERY, INC.**

Principal Place of Business Mailing Address  
**171 OJIBWAY AVE 171 OJIBWAY AVE**  
**TAVERNIER FL 33070 TAVERNIER FL 33070**

2. Principal Place of Business 3. Mailing Address  
**89030 Overseas Hwy 264 Lincoln Ave**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
**Tavernier FL Tavernier FL**  
 Zip Country Zip Country  
**33070 USA 33070 USA**

4. FEI Number **59-1889259** 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  
**PRAVATA, MICHAEL**  
**171 OJIBWAY AVE**  
**TAVERNIER FL 33070**  
 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]* DATE **4-28-01**  
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.  **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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PRAVATA, MICHAEL</b> <b>171 OJIBWAY AVE</b> <b>TAVERNIER FL 33070</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PRAVATA, KIM</b> <b>171 OJIBWAY AVE</b> <b>TAVERNIER FL 33070</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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]* DATE: **4-28-01** DAYTIME PHONE #: **305 852-2636**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)

977414



DO NOT WRITE IN THIS SPACE