

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2001 8:00 am
Secretary of State

01-31-2001 90059 010 ***100.00
 03-19-2001 90026 036 ****58.75

DOCUMENT # S79660

1. Entity Name

E & H NURSERY AND GARDEN CENTER, INC.

Principal Place of Business

Mailing Address

6477 S MILITARY TRAIL
 LANTANA FL 33463-7232

6477 S MILITARY TRAIL
 LANTANA FL 33463-7232

C0034665

2. Principal Place of Business

3. Mailing Address

5253 S. Military Trail

5253 S. Military Trail

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Lake Worth

Lake Worth

4. FEI Number

65-0283692

Applied For

Not Applicable

Zip

Country

Zip

Country

33463

US

33463

US

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

GORDON, ERIC
5253 S MILITARY TRAIL
LANTANA FL 33461

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

ERIC GORDON

1-19-01

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 **P** ☐ Delete
 NAME **GORDON, ERIC**
 STREET ADDRESS **6477 S MILITARY TRAIL**
 CITY-ST-ZIP **LANTANA FL**

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

TITLE **VS** ☐ Delete
 NAME **GORDON, CAROL**
 STREET ADDRESS **6477 S. MILITARY TRAIL**
 CITY-ST-ZIP **LANTANA FL**

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

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-20-01 561-968-5105

CR2E034 (10/00)