

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 07, 2002 8:00 am**  
**Secretary of State**

03-07-2002 90024 037 \*\*\*150.00

0393713 AV

**DOCUMENT # S79660**

1. Entity Name

**E & H NURSERY AND GARDEN CENTER, INC.**

Principal Place of Business

5253 S MILITARY RD  
 LAKE WORTH FL 33463  
 US

Mailing Address

5253 S MILITARY RD  
 LAKE WORTH FL 33463  
 US

2. Principal Place of Business

**5153 Southern Blvd.**

3. Mailing Address

Suite, Apt. #, etc.

City & State

**W.P.B. FL**

City & State

Zip

**33415**

Country

**USA**

Zip

Country

4. FEI Number

**65-0283692**

Applied For

Not Applicable.

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**GORDON, ERIC**  
**6477 S MILITARY TRAIL**  
**LANTANA FL 33461**

7. Name and Address of New Registered Agent

Name

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

**5153 Southern Blvd**

City

**W.P.B.**

**FL**

Zip Code

**33415**

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 Pres 2-15-02**

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, 2002 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 ☐ Delete

**P**  
**GORDON, ERIC**  
~~**6477 S MILITARY TRAIL**~~ **5153 Southern Blvd**  
~~**LANTANA FL**~~ **W.P.B. FL 33415**

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

**VS**  
**GORDON, CAROL**  
~~**6477 S MILITARY TRAIL**~~ **5153 Southern Blvd**  
~~**LANTANA FL**~~ **W.P.B.**

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

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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

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

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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:

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**ERIC GORDON Pres 2-15-02**

Date

Daytime Phone #

CR2E034 (9/01)