

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90093 049 ***150.00

DOCUMENT # V32441

1. Entity Name

PIXLEY GREENHOUSES, INC.

Principal Place of Business

20900 HWY 44E
EUSTIS FL 32726
US

Mailing Address

P.O. BOX 1828
EUSTIS FL 32727

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3120363

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

PIXLEY, WILLIAM C.
436 E FIFTH AVE
MOUNT DORA FL 32757-1486

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

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	D	<input type="checkbox"/> Delete
NAME	BOPP, TAMARA L.	
STREET ADDRESS	822 MINNIE	
CITY-ST-ZIP	KIRKWOOD MO 63122	
TITLE	P	<input type="checkbox"/> Delete
NAME	PIXLEY, THOMAS D.	
STREET ADDRESS	P.O. BOX 1828 N/A	
CITY-ST-ZIP	EUSTIS, FL 32727-1828	
TITLE	S	<input type="checkbox"/> Delete
NAME	PIXLEY, MARY C.	
STREET ADDRESS	P.O. BOX 1828 N/A	
CITY-ST-ZIP	EUSTIS, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MELISSA A PIXLEY	
STREET ADDRESS	P O BOX 1828	
CITY-ST-ZIP	EUSTIS FL 32727-1828	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOPP, TAMARA L.	
STREET ADDRESS	1903 SHADOWWOOD PARKWAY	
CITY-ST-ZIP	ATLANTA, GA 30339	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 #

(352) 589-2505

CR2E034 (10/00)