

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90093 049 ***150.00



DO NOT WRITE IN THIS SPACE

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

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

7. Name and Address of New Registered Agent

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 _____ DATE _____
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

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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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 or other like empowered.

SIGNATURE: *Thomas D Pixley* *THOMAS D PIXLEY* *(352) 589-2505*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)