

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2003 8:00 am
Secretary of State

02-07-2003 90058 017 ***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 **THOMAS D. PIXLEY**

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

5025 GREENBRIAR TRAIL

City **MOUNT DORA**

FL

Zip Code **32757**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Thomas D. Pixley

THOMAS D. PIXLEY

PRESIDENT

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **BOPP, TAMARA L.**
STREET ADDRESS **1903 SHADOWWOOD PKWY**
CITY-ST-ZIP **ATLANTA GA 30339**

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

TITLE **P** ☐ Delete
NAME **PIXLEY, THOMAS D.**
STREET ADDRESS **P.O. BOX 1828 N/A**
CITY-ST-ZIP **EUSTIS, FL 32727-1828**

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

TITLE **S** ☐ Delete
NAME **PIXLEY, MARY C.**
STREET ADDRESS **P.O. BOX 1828 N/A**
CITY-ST-ZIP **EUSTIS, FL**

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

TITLE **D** ☐ Delete
NAME **MELISSA A PIXLEY**
STREET ADDRESS **P O BOX 1828**
CITY-ST-ZIP **EUSTIS FL 32727-1828**

TITLE ☒ Change ☐ Addition
NAME **MELISSA PIXLEY CONNOR**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 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

02/04/2003 (352) 589-2505

Date

Daytime Phone #

CR2E034 (10/02)