

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 28, 2000 8:00 am**  
**Secretary of State**

01-28-2000 90202 050 \*\*\*158.75

**DOCUMENT # H36909**

1. Entity Name  
**CARTER'S NURSERY, INC.**

Principal Place of Business      Mailing Address  
**% BARBARA EAKER CARTER**      **% BARBARA EAKER CARTER**  
**543 CF KINNEY RD.**      **543 CF KINNEY RD.**  
**LAKE WALES FL 33853**      **LAKE WALES FL 33853-7586**

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      59-1816906      Applied For  
 Not Applicable

5. Certificate of Status Desired            \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**CARTER, BARBARA EAKER**  
**543 CF KINNEY RD.**  
**LAKE WALES FL 33853**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      FL      Zip Code



DO NOT WRITE IN THIS SPACE

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 \_\_\_\_\_ (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, 2000 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	PTD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CARTER, VINCENT THOMAS		NAME		
STREET ADDRESS	543 CF KINNEY RD.		STREET ADDRESS		
CITY-ST-ZIP	LAKE WALES FL		CITY-ST-ZIP		
TITLE	VSD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CARTER, BARBARA EAKER		NAME		
STREET ADDRESS	543 CF KINNEY RD.		STREET ADDRESS		
CITY-ST-ZIP	LAKE WALES FL		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 all other like empowered.

SIGNATURE: *Barbara Eaker Carter*      1/20/2000      863439-3117  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR 05/03/00