

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90732 043 \*\*\*150.00

0407529 AV

**DOCUMENT #** L68862

**1. Entity Name**  
GALLEON NURSERY, INC.



**Principal Place of Business**  
3501 C ROAD  
LOXAHATCHEE FL 33470  
US

**Mailing Address**  
16318 E EDINBURGH DR  
LOXAHATCHEE FL 33470

**2. Principal Place of Business**  
16318 E. Edwburgh Dr.  
Suite, Apt. #, etc.

**3. Mailing Address**  
Suite, Apt. #, etc.

**City & State**  
Loxahatchee, FL

**City & State**

**4. FEI Number** 59-2995499

**Applied For**  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**  
DONKIN, CANDIS B.  
16318 EDINBURGH DR.  
LOXAHATCHEE FL 33470

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

**SIGNATURE** \_\_\_\_\_ (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**

TITLE	D <input type="checkbox"/> Delete
NAME	DONKIN, JONATHAN C.
STREET ADDRESS	16318 EDINBURGH DR.
CITY-ST-ZIP	LOXAHATCHEE FL
TITLE	D <input type="checkbox"/> Delete
NAME	DONKIN, CANDIS B.
STREET ADDRESS	16318 EDINBURGH DR.
CITY-ST-ZIP	LOXAHATCHEE FL
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 15 MAR 03 561-795-0770

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)