

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Apr 09, 2001 8:00 am**  
**Secretary of State**

04-09-2001 90055 009 \*\*\*158.75

**DOCUMENT # P00000071442**

1. Entity Name  
**CASTLE ROCK NURSERY, INC.**

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Principal Place of Business      Mailing Address  
**31500 S.W. 187TH AVE**      **25265 S.W. 134TH AVE**  
**HOMESTEAD FL 33030**      **PRINCETON FL 33032**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      **P.O. Box 4053**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**Princeton, FL**      **Princeton, FL**

Zip      Country      Zip      Country  
**33092**      **Dade**

4. FEI Number      Applied For  
**65-1030868**      Not Applicable

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

**6. Name and Address of Current Registered Agent**

**LOSNER, STEVEN D**  
**65 N.W. 16TH STREET**  
**HOMESTEAD FL 33030**

**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.  (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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>D.</b> <b>SPENCER, NEAL</b> <b>25265 S.W. 134TH AVE</b> <b>PRINCETON FL 33032</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Neal Spencer</b> <b>25265 SW 134 Ave</b> <b>Princeton, FL 33032</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>D/P</b> <b>James Cloninger</b> <b>25265 SW 134 Ave</b> <b>Princeton, FL 33032</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: James Cloninger      3-29-01      305-246-8156  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (10/00)