2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 am
Secretary of State
02-04-2002 90010 046 ***150.00

DOCUMENT # P01000006463

1. Entity Name
SHADOW OAKS NURSERY, INC.

Principal Place of Business	Mailing Address
4925 - 58TH AVENUE. SOUTH ST. PETERSBURG FL 33715	4925 - 58TH AVENUE. SOUTH ST. PETERSBURG FL 33715

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
49 SINCLAIR DR.	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
SARASOTA, FL	
City & State	City & State
Zip: 34240 Country: USA	Zip: Country:

4. FEI Number: 59-7198378 ☐ 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
FOSTER, DAVID W 555 FOURTH STREET NORTH ST. PETERSBURG FL 33701	Name: RONALD L. RAPP Street Address (P.O. Box Number is Not Acceptable): 4925 58TH AVE SO. City: ST. PETERSBURG, FL Zip Code: 33715

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: _____ R.L. RAPP 1/16/02
Signature, typed or printed name of registered agent and title if applicable. (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, 2002 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PVST RAPP, RONALD L 4925 - 58TH AVENUE SOUTH ST. PETERSBURG FL 33715	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RAPP, RONALD L 4925 - 58TH AVENUE SOUTH ST. PETERSBURG FL 33715	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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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: SIGNATURE REQUIRED R. L. RAPP 1/16/02 (941)371-3510
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (9/01)