

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 09, 2003 8:00 am
Secretary of State

01-09-2003 90131 045 ***150.00

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1. Entity Name
SHADOW OAKS NURSERY, INC.

Principal Place of Business
**49 SINCLAIR DRIVE
SARASOTA FL 34240
US**

Mailing Address
**4925 - 58TH AVENUE. SOUTH
ST. PETERSBURG FL 33715**



2. Principal Place of Business

3. Mailing Address

49 SINCLAIR DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SARASOTA

City & State

City & State

FL

4. FEI Number **59-7198378**

Applied For

Not Applicable

Zip

Country

Zip

Country

34240

US

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

**RAPP, RONALD L
4925 58TH AVENUE SOUTH
SAINT PETERSBURG FL 33715**

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

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
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

**07/10
RAPP, RONALD L.
4925 58TH AVE SO.
ST. PETERSBURG FL 33715**

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

**V/S/O
RAPP BARRY A.
2412 69th AVE E.
PALMETTO FL 34221**

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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Delete

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CITY-ST-ZIP

Change Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 RAPP**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/03 **(841) 371-3510**
Date Daytime Phone #

CR2E034 (10/02)