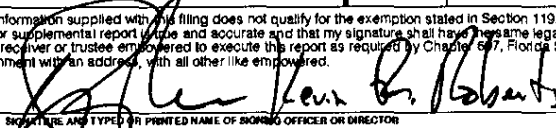


FILED

03 MAY 14 AM 7:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
AMENDED**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000037540					
1. Entity Name DOWN TO EARTH NURSERIES, INC.					
Principal Place of Business 103 N. MERIDIAN STREET TALLAHASSEE, FL 32301			Mailing Address 103 N. MERIDIAN STREET TALLAHASSEE, FL 32301		
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 11-3686390	
				Applied For Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPDIRECT AGENTS, INC. 103 N. MERIDIAN STREET LOWER LEVEL TALLAHASSEE, FL 32301				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 _____ Signature, typed or printed name of registered agent, and state if applicable. (NOTE: Registered Agent's signature required when appointing)					
DATE _____					
FILE NOW!!! FEE IS \$150.00 ANAL 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	PSTD	☒ Title	TITLE	PSTD	☐ Change ☒ Addition
NAME	ROBERTS, KEVIN R		NAME	J. Kerry Roberts	
STREET ADDRESS	103 N. MERIDIAN STREET		STREET ADDRESS	103 N. Meridian St.	
CITY-ST-ZIP	TALLAHASSEE, FL 32301		CITY-ST-ZIP	Tall., FL 32301	☐ Change ☐ Addition
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 687, Florida Statutes; and that my name appears in Book 10 or Book 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			Date: 5-14-03		
SIGNATURE AND TYPED OR PRINTED NAME OF BORING OFFICER OR DIRECTOR			Certification Phone # 222-1173		

CR2E034 (10/02)

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