

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P02000066658

FILED  
Sep 11, 2003  
Secretary of State

Entity Name: HEADHUNTER NURSERY, INC.

## Current Principal Place of Business:

231 SEACREST CIR  
DELRAY BEACH, FL 33444

## New Principal Place of Business:

231 SEACREST CIR  
DELRAY BEACH, FL 33483

## Current Mailing Address:

231 SEACREST CIR  
DELRAY BEACH, FL 33444

## New Mailing Address:

777 E ATLANTIC AVE  
SUITE Z-368  
DELRAY BEACH, FL 33483 PB

FEI Number: 43-1964863

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MERRILL A. BOOKSTEIN, COUNSELOR AT LAW,P.A  
2499 GLADES ROAD  
SUITE 308  
BOCA RATON, FL 33431 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD (X) Delete  
Name: THIER, RICHARD  
Address: 231 SEACREST CIR  
City-St-Zip: DELRAY BEACH, FL 33444

Title: VSTD ( ) Delete  
Name: DOYLE, GARY  
Address: 231 SEACREST CIR  
City-St-Zip: DELRAY BEACH, FL 33444

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: PD (X) Change ( ) Addition  
Name: DOYLE, GARY  
Address: 231 SEACREST CIR  
City-St-Zip: DELRAY BEACH, FL 33444

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOYLE,GARY

PD

09/11/2003

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date