

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91531 011 ****70.00

DOCUMENT # P07000074877

1. Entity Name
SIMPSON NURSERIES, L.A.A.

Principal Place of Business Mailing Address
HIGHWAY 19 SOUTH PO BOX 160
MONTICELLO FL 32344 MONTICELLO FL 32345

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 **59-3724737** Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BESHEARS, HALSEY W
ROUTE 1 BOX 250
MONTICELLO FL 32344

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)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **D SHARPSBURG, LLC**
 STREET ADDRESS **PO BOX 160**
 CITY-ST-ZIP **MONTICELLO FL 32345**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D MARSE ROBERT, INC.**
 STREET ADDRESS **850 N JEFFERSON ST #9**
 CITY-ST-ZIP **MONTICELLO FL 32344**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D LAT, L.C.**
 STREET ADDRESS **1635 OAKMONT LN**
 CITY-ST-ZIP **ORLANDO FL 32804**

TITLE Change Addition
 NAME **D LAT, L.C.**
 STREET ADDRESS **P.O. Box 993**
 CITY-ST-ZIP **Monticello, FL 32345**

TITLE Delete
 NAME **D FOR-EVER GREEN OF JEFFERSON COUNTY L.L.C**
 STREET ADDRESS **ROUT 1 BOX 250**
 CITY-ST-ZIP **MONTICELLO FL 32344**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 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 617, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date Daytime Phone #

CR2E037 (9/01)