

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90197 001 ***300.00

DOCUMENT # **PA700002804**

1. Entity Name

Garden Accents Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
**4453 Woodside Highway
Tallahassee Fl.**

3. Mailing Address
P.O. Box 5768

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Tallahassee Fl.

City & State

4. FEI Number

59-3462112

Applied For

Not Applicable

Zip
32314

Country
USA

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **John C. Barnett**

Street Address (P.O. Box Number is Not Acceptable)
2208 Monticello Dr

City **Tallahassee** FL Zip Code **32308**

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

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)

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25**

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

TITLE PO	John C. Barnett	TITLE	
NAME		NAME	
STREET ADDRESS	2208 Monticello Dr	STREET ADDRESS	
CITY-ST-ZIP	Tallahassee, Fl 32303	CITY-ST-ZIP	
TITLE DVP	Dennis Register	TITLE	
NAME		NAME	
STREET ADDRESS	2420 Basswood Lane	STREET ADDRESS	
CITY-ST-ZIP	Tallahassee, Fl 32308	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02

Date

850/877-2424

Daytime Phone #

CR2E034B (12/01)