

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90116 037 ***150.00

0633306

DOCUMENT # 166601

1. Entity Name

SOUTHERN STATES NURSERIES INC

Principal Place of Business

Mailing Address

HWY 121
 MACCLENNY FL 32063

HWY 121
 MACCLENNY FL 32063

2. Principal Place of Business

Highway 121 South

3. Mailing Address

5612 Southern State Nrsy. Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE



City & State

Macclenny, FL 32063

City & State

Macclenny, FL 32063

4. FEI Number

59-0458275

Applied For

Not Applicable

Zip

32063

Country

USA

Zip

32063

Country

BSA

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

FRASER, GARY K.
HWY 121 SOUTH
~~HWY 121 SOUTH~~ **5612 Southern States Nrsy. Rd.**
MACCLENNY FL 32063

Name

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

Rd.

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

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)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	FRASER, GARY K	
STREET ADDRESS	HWY 121 SOUTH	
CITY-ST-ZIP	MACCLENNY FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	FRASER, RYAN T.	
STREET ADDRESS	HWY 121 SOUTH	
CITY-ST-ZIP	MACCLENNY FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	FRASER, MYRA J	
STREET ADDRESS	HWY 121 SOUTH	
CITY-ST-ZIP	MACCLENNY FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Gary K. Fraser**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/01

Date

904 259-2221

Daytime Phone #

CR2E034 (10/00)