

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 11, 2002 8:00 am**  
**Secretary of State**

02-11-2002 90177 009 \*\*\*158.75

0623534 AT

**DOCUMENT # 559690**

1. Entity Name  
**S.O. NURSERY, INC.**

Principal Place of Business

**120 E. CENTRAL STREET  
 HARLAN KY 40831  
 US**

Mailing Address

**P.O. BOX 817  
 HARLAN KY 40831  
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**59-1798458**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**MINTMIRE, DONALD F P.A.  
 265 SUNRISE AVE., SUITE 204  
 PALM BEACH FL 33480**

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.

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, 2002 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:  Delete  
 NAME: **D/P BENNETT, RUBY R**  
 STREET ADDRESS: **817 WOODLAND HILLS**  
 CITY-ST-ZIP: **HARLAN KY 40831**

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE:  Delete  
 NAME: **S ROWE, MONA**  
 STREET ADDRESS: **120 E. CENTRAL STREET**  
 CITY-ST-ZIP: **HARLAN KY 40831**

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE:  Delete  
 NAME: **VP BENNETT, BENJAMIN R**  
 STREET ADDRESS: **120 E. CENTRAL STREET**  
 CITY-ST-ZIP: **HARLAN KY 40831**

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE:  Delete  
 NAME: **AS BENNETT, MARY E**  
 STREET ADDRESS: **120 E. CENTRAL STREET**  
 CITY-ST-ZIP: **HARLAN KY 40831**

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE:  Delete  
 NAME: **T BENNETT, SARAH J.**  
 STREET ADDRESS: **120 E. CENTRAL STREET**  
 CITY-ST-ZIP: **HARLAN KY 40831**

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:

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:

*Ruby R. Bennett*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Ruby R. Bennett*

1/21/02 (606) 573-6698

Date

Daytime Phone #

CR2E034 (9/01)