2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 15, 2003
Secretary of State

DOCUMENT# 136504

Entity Name: POLK NURSERY COMPANY, INC.

Current Principal Place of Business:

890 LAKE MYRTLE RD.
AUBURNDALE, FL 338239317

New Principal Place of Business:

Current Mailing Address:

890 LAKE MYRTLE RD.
AUBURNDALE, FL 338239317

New Mailing Address:

FEI Number: 59-0406208 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SCHULZ,KENNETH N
1200 W LAKE OTIS DR
WINTER HAVEN, FL 33880 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 ( ) Delete
Name: SCHULZ, KENNETH N,
Address: 1200 W LAKE OTIS DR
City-St-Zip: WINTER HAVEN, FL 00000,

Title: V ( ) Delete
Name: RITCHEY, WANDA W,
Address: 1330 SPEAKER DR
City-St-Zip: AUBURNDALE, FL 00000,

Title: STD ( ) Delete
Name: SCHULZ, BARBARA,
Address: 1200 W LAKE OTIS DR
City-St-Zip: WINTER HAVEN, FL 00000,

Title: V ( ) Delete
Name: SCHULZ, STEPHEN K.
Address: 390 LAKE MYRTLE ROAD
City-St-Zip: AUBURNDALE, FL 33823

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: WANDA W. RITCHEY V 04/15/2003

Electronic Signature of Signing Officer or Director — Date