2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

Mar 26, 2003 8:00 am Secretary of State 281749 DOCUMENT # 03-26-2003 90189 046 ***150.00 1. Entity Name THOMPSON NURSERY INC Mailing Address Principal Place of Business 6039 CYPRESS GARDENS BLVD 10050 W THOMPSON NURSERY RD. #411 WINTER HAVEN FL 33884 WINTER HAVEN FL 33884 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES Applied For 4. FEI Number City & State City & State 59-1063695 Not Applicable \$8.75 Additional Country Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent THOMPSON, CLYDE H Street Address (P.O. Box Number is Not Acceptable) 6039 CYPRESS GARDENS BLVD #411 WINTER HAVEN FL 33884 Zip Code City 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. I am familiar with, and accept the obligations of registered agent. 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 \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS <u>11.</u> 10. Addition ["] Change TITLE ☐ Delete TITLE THOMPSON, CLYDE H NAMÉ NAME 10100 LAKE RUBY DRIVE STREET ADDRESS STREET ADDRESS WINTER HAVEN FL 33884 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change VST ☐ Delete TITLE TITLE THOMPSON, SHARON Y NAME NAME STREET ADDRESS 10100 LAKE RUBY DRIVE STREET ADDRESS CITY-ST-ZIP WINTER HAVEN FL 33884 CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Addition ☐ Change ☐ Detete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS

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 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 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 as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the receiver changed, or on an attachment wi

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

FILED