2001 UNIFORM BUSINESS REPORT (UBR)

1. Entity Nam	MENT # 356817 R NURSERY, INC.	7			Secretary 0 07-24-2001 90005 01	f Stat	e
Principal Place of Business RALPH RICHARDS ROAD GREENSBORO FL 32330		Mailing Address P.P. BOX 118 GREENSBORO FL 32330 US					
2. Principal Place of Business		3. Mailing Address				81814 91817 91817 91	##
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City & State		City & State		4.	FEI Number 59-1254650	 	plied For
Zip Country		Zip	Zip Country		5. Certificate of Status Desired See Required		
,	6. Name and Address of Current F	Registered Agent		= 7 .:	Name and Address of New Register	ed Agent	
FLETCHER, E. HENTZ JR. RALPH RICHARDS ROAD GREENSBORO FL 32330			Name Street Addr	Street Address (P.O. Box Number is Not Acceptable)			
			City		· •	Zip Code	
SIGNATURE 9. This corpo	named entity submits this statement for Signature, typed or printed name of registered agent a pration is eligible to satisfy its Intangible requirement and elects to do so.	nd title if applicable. (NOTE: I	Registered Agent signature of	equired when r	einstating) DAT 10. Election Campaign Financing	\$5.0	0 May Be
-	ria on back)	Make Check Payable	e to Department of	State	Trust Fund Contribution.		I to Fees
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FLETCHER, E. HENTZ JR. RALPH RICHARDS ROAD GREENSBORO FL 32330	DIRECTORS Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AΓ	ODITIONS/CHANGES TO OFFICERS A	ND DIRECTORS ☐ Change	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLETCHER, H. MAXWELL SR. SELMA AVENUE GREENSBORO FL 32330	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		. 1 ~	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HOOD, SUZANNE FLETCHER 709 FOREST LAIR TALLAHASSEE FL 32312	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLETCHER, H. MAXWELL JR. 113 NORTH MADISON AVE QUINCY FL 32351	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		7.5	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADORESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empo or on an attack may with an address, w						

SIGNATURÉ: