## 2002 Uniform Business Report (UBR)

## Mar 26, 2002 8:00 am Secretary of State 356817 DOCUMENT.# 1. Entity Name 03-26-2002 90085 033 \*\*\*150.00 FLETCHER NURSERY, INC. Mailing Address Principal Place of Business RALPH RICHARDS ROAD P.P. BOX 118 GREENSBORO FL 32330 GREENSBORO FL 32330 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-1254650 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FLETCHER, E. HENTZ JR. Street Address (P.O. Box Number is Not Acceptable) RALPH RICHARDS ROAD **GREENSBORO FL 32330** 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. SIGNATURE 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. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS ☐ Addition TITLE ☐ Delete TITLE Change FLETCHER, E. HENTZ JR. NAME NAME RALPH RICHARDS ROAD STREET ADDRESS STREET ADDRESS GREENSBORO FL 32330 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME FLETCHER, H. MAXWELL SR. STREET ADDRESS STREET ADDRESS SELMA AVENUE **GREENSBORO FL 32330** CITY-ST-7IP CITY-ST-7IP ☐ Change Addition TITLE TITLE ☐ Delete NAME HOOD, SUZANNE FLETCHER NAME STREET ADDRESS STREET ADDRESS 709 FOREST LAIR CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32312 ☐ Change Addition ☐ Delete TITLE TITLE FLETCHER, H. MAXWELL JR. NAME NAME STREET ADDRESS 113 NORTH MADISON AVE STREET ADDRESS QUINCY FL 32351 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE £ . NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 during 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 maddress, with all other like empowered.

WITTER CHECKIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED