

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 03, 2003 8:00 am**  
**Secretary of State**

04-03-2003 90190 035 \*\*\*150.00

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**DOCUMENT # 417931**

1. Entity Name  
**WEE FOLKS NURSERY, INC..**



Principal Place of Business  
**610 N.W. 9TH AVENUE  
GAINESVILLE FL 32601**

Mailing Address  
**610 N.W. 9TH AVENUE  
GAINESVILLE FL 32601**



2. Principal Place of Business  
**616 NW 9th Ave**

3. Mailing Address  
**2614 S.W. 34th St**

Suite, Apt. #, etc.  
**clo Anth. Appliances**

City & State  
**Gainesville FL Gainesville FL**

Zip Country  
**32601 Alachua 32608 Alachua**

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**TANNER, ANNA MAE  
610 N.W. 9TH AVENUE  
GAINESVILLE FL 32601**

4. FEI Number **59-1479388** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PD TANNER, ANNA MAE 610 N.W. 9TH AVENUE GAINESVILLE FL</b> <i>Deceased 12/25/02</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D TANNER, MICHAEL A. 13123 NW 39TH AVE. GAINESVILLE FL</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **4/1/03** **352-375**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **3886** Daytime Phone #

CR2E034 (10/02)