


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91845 037 ***150.00

DOCUMENT # 422087
1. Entity Name
DEMINICO NURSERIES, INC.



JUL15B14

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Rt. 15, Box 3088, Ridge Rd
Suite, Apt. #, etc.

3. Mailing Address
Rt. 15, Box 3088 Ridge Rd
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Lake City, Florida

City & State
Lake City, Florida

Zip
32024

Country
USA

Zip
32024

Country
USA

4. FEI Number
59-1456316

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
DeMinico, Pasquale A.

Street Address (P.O. Box Number is Not Acceptable)
Route 15, Box 3088

Ridge Road

City
Lake City

FL

Zip Code
32024

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)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	PD DEMINICO, PASQUALE A. Rt. 15, Box 3088, Ridge Road Lake City, FL 32024
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD DEMINICO, CATHERINE F. Rt. 15, Box 3088, Ridge Road Lake City, FL 32024
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	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Catherine F. DeMinico Catherine F. DeMinico 4/22/03 386-755-8866
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #