2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State
04-14-2003 90032 017 ***150.00

040921 AV

DOCUMENT # 609843

1. Entity Name
COUNTRY JOE'S NURSERY, INC.

Principal Place of Business
~~7291 LAWRENCE RD~~
~~BOYNTON BEACH FL 33436-8515~~
~~US~~

Mailing Address
~~7291 LAWRENCE RD~~
~~BOYNTON BEACH FL 33436-8515~~
~~US~~

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. 6150 SR 7		Suite, Apt. #, etc. P.O. BOX 541265	
City & State LAKE WORTH FL		City & State LAKE WORTH FL	
Zip 33467	Country PALM BEACH	Zip 33454-1265	Country PALM BEACH

■ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-1889636 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ENGLERT, DAVID M.
9072 WINDING WOODS DR
LAKE WORTH FL 33467

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 ______________________________
Signature, typed or printed name of registered agent and title if applicable. (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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PVSD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	ENGLERT, DAVID		NAME		
STREET ADDRESS	9072 WINDING WOODS DR		STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH FL 33467		CITY-ST-ZIP		
TITLE	T	☐ Delete	TITLE		☒ Change ☒ Addition
NAME	ENGLERT, BRENDA		NAME	SECRETARY AND TREASURER	
STREET ADDRESS	1650 SR7	→	STREET ADDRESS	6150 SR 7	
CITY-ST-ZIP	LAKE WORTH FL 33467		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (10/02)

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

SIGNATURE: David M. Englert D 2-17-03 561868-0345
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #