

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0006902 AT

DOCUMENT # A02000000799

1. Entity Name
JOHNSON-HIGDON NURSERY, LLLP



FILED

2003 APR 21 PM 2:31

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



Principal Place of Business
130 NORTH VIRGINIA STREET
QUINCY FL 32351

Mailing Address
130 NORTH VIRGINIA STREET
QUINCY FL 32351

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2003

4. FEI Number

59-3597241

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HIGDON, JOSEPH W JR
130 NORTH VIRGINIA STREET
QUINCY FL 32351

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.

DATE

9. Capital Contributions
as Shown on record.

\$99,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

99,000.00

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
JOHNSON, CLAYTON G
ROUTE 4 BOX 295
QUINCY FL 32351

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
HIGDON, JOSEPH W JR.
PO BOX 1739
QUINCY FL 32353

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

JOSEPH W. HIGDON, JR.
General Partner

4-15-03

850-687-7564

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE