

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90234 005 ***150.00

DOCUMENT # F00000000934

1. Entity Name
HINES NURSERIES, INC.



Principal Place of Business
**12621 JEFFREY ROAD
IRVINE CA 92620-2101**

Mailing Address
**12621 JEFFREY ROAD
IRVINE CA 92620-2101**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **33-0411319**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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

TITLE	D	<input type="checkbox"/> Delete
NAME	ALLEN, DOUGLAS D	
STREET ADDRESS	12621 JEFFREY ROAD	
CITY-ST-ZIP	IRVINE CA 92620-2101	
TITLE	PD	<input type="checkbox"/> Delete
NAME	THIGPEN, STEVE P	
STREET ADDRESS	12621 JEFFREY ROAD	
CITY-ST-ZIP	IRVINE CA 92620-2101	
TITLE	D	<input type="checkbox"/> Delete
NAME	WOOD, PAUL R	
STREET ADDRESS	12621 JEFFREY ROAD	
CITY-ST-ZIP	IRVINE CA 92620-2101	
TITLE	ST	<input type="checkbox"/> Delete
NAME	PIEROPAN, CLAUDIA M	
STREET ADDRESS	12621 JEFFREY ROAD	
CITY-ST-ZIP	IRVINE CA 92620-2101	
TITLE	D	<input type="checkbox"/> Delete
NAME	REUSCHE, THOMAS R	
STREET ADDRESS	12621 JEFFREY ROAD	
CITY-ST-ZIP	IRVINE CA 92620-2101	
TITLE	AS	<input type="checkbox"/> Delete
NAME	MELSTER, JEFFREY A	
STREET ADDRESS	12621 JEFFREY RD.	
CITY-ST-ZIP	IRVINE CA 92620-2101	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 REQUIRED CLAUDIA PIEROPAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-03
Date

949-936-8222
Daytime Phone #

CR2E034 (10/02)