## 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F46888

MORNINGSTAR NURSERY INC.

FILED Jul 16, 2003 Secretary of State

Entity Nam	ie: Morning	GSTAR NURSERY, INC.			
Current Principal Place of Business:			New Principal Pla	ace of Business:	
	RKEY RD, DE EACH, FL 334	ELRAY BCH., FL 33446 446			
Current Ma	ailing Addres	s:	New Mailing Add	ress:	
PO BOX 48		ELRAY BCH., FL 33446 47337			
FEI Number:	59-2131829	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Addres	Name and Address of New Registered Agent:	
OKEAN, JACK M. 14600 STARKEY ROAD DELRAY BCH., FL 33446			14600 STARKEY F	PENDAS, IGNACIO O CONTROL 14600 STARKEY ROAD DELRAY BCH., FL 33446	
The above in the State		submits this statement for the p	urpose of changing its regist	ered office or registered agent, or both,	
SIGNATUR	E: IGNACIO	OSCAR PENDAS		07/16/2003	
	Electron	ic Signature of Registered Age	ent	Date	
	paign Financing	g Trust Fund Contribution(). TORS:	ADDITIONS/CHA	NGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () OKEAN, PAUL 2 14600 STARKE DELRAY BCH.,	Y ROAD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	V () OKEAN, JACK I 14600 STARKE DELRAY BCH.,	YROAD	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL Z. OKEAN PD 07/16/2003