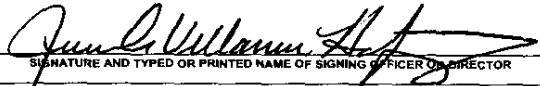


Amendment

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

AMEND

FILED
Aug 05, 2003 8:00 A.M
Secretary of State

DOCUMENT # F68893			
1. Entity Name MERRITT ISLAND, NURSERY, INC.			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 3820 N. COURTENAY PKWY. Suite, Apt. #, etc.		3. Mailing Address 779 E. MERRITT ISLAND CSWY. Suite, Apt. #, etc. PMB 753	
City & State MERRITT ISLAND, FLORIDA		City & State MERRITT ISLAND, FL.	
Zip 32953	Country BREVARD	Zip 32952	Country BREVARD
4. FEI Number 592172041		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒		\$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent			
Name JERRI A. VILLANUEVA-HAFIZI			
Street Address (P.O. Box Number is Not Acceptable) 4092 TRADEWINDS TRAIL			
City MERRITT ISLAND		FL	Zip Code 32953
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 		JERRI A. VILLANUEVA-HAFIZI DATE 7/30/03	
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	P HAMID HAFIZI 4092 TRADEWINDS TRAIL MERRITT ISLAND, FL. 32953	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900022345259 08/15/03--01038--007 **70.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JERRI A. VILLANUEVA-HAFIZI 4092 TRADEWINDS TRAIL MERRITT ISLAND, FL. 32953	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DAVID HAFIZI 3572 TIPPERARY DR. MERRITT ISLAND, FL. 32953	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MARYAM HAFIZI 3382 TIPPERARY DR. MERRITT ISLAND, FL. 32953	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		TITLE 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 on an attachment with an address, with all other like empowered.			
SIGNATURE: 		JERRI A. VILLANUEVA-HAFIZI (321)454-9844 Date Daytime Phone #	

CR2E034B (12/02)