

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90541 036 ***150.00

DOCUMENT # F96768

1. Entity Name
AACTION NURSERY PRODUCTS, INC.



Principal Place of Business
**6230 THOMAS RD
FT MYERS FL 33912
US**

Mailing Address
**15248 S. TAMiami TRAIL
STE 850
FORT MYERS FL 33908
US**



2. Principal Place of Business

3. Mailing Address
6230 THOMAS ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
FORT MYERS, FL

4. FEI Number **59-2241379**

Applied For

Not Applicable

Zip

Country

Zip

Country

33912

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

**EISENMAN, JIM O
15248 S. TAMiami TRAIL, STE 850
FORT MYERS FL 33908**

Name

Street Address (P.O. Box Number is Not Acceptable)

6230 THOMAS ROAD

City **FORT MYERS**

FL

Zip Code **33912**

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 ☐ Delete
NAME **PD EISENMAN, JIM**
STREET ADDRESS **15248 S. TAMiami TRAIL, STE 850**
CITY-ST-ZIP **FORT MYERS FL 33908**

☒ Change ☐ Addition
TITLE ☐ Delete
NAME **6230 THOMAS ROAD**
STREET ADDRESS **FORT MYERS, FL 33912**
CITY-ST-ZIP

TITLE ☐ Delete
NAME **VPD EISENMAN, MARSHA**
STREET ADDRESS **6230 THOMAS RD**
CITY-ST-ZIP **FORT MYERS FL 33912**

☒ Change ☐ Addition
TITLE ☐ Delete
NAME **6230 THOMAS ROAD**
STREET ADDRESS **FORT MYERS, FL 33912**
CITY-ST-ZIP

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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: **JIM EISENMAN**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/2003 239-267-8484
Date Daytime Phone #

CR2E034 (10/02)