2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003
Secretary of State

DOCUMENT# F99000004204

Entity Name: J&R WHOLESALE NURSERY, INC.

Current Principal Place of Business:

13262 US HWY 92E
DOVER, FL 33527

New Principal Place of Business:

Current Mailing Address:

4080 MCGINNIS FERRY RD
SUITE 1003
ALPHARETTA, GA 30005

New Mailing Address:

FEI Number: 58-2087587 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SMITH, H. STRATTON III,ESQ
611 W. AZEELE STREET
TAMPA, FL 33606 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	PC	( ) Delete
Name:	WALKER, STANLEY	
Address:	4080 MCGINNIS FERRY RD STE 1003	
City-St-Zip:	ALPHARETTA, GA 30005	
Title:	ST	( ) Delete
Name:	LOGAN, VICTOR	
Address:	4080 MCGINNIS FERRY RD STE 1003	
City-St-Zip:	ALPHARETTA, GA 30005	
Title:	D	( ) Delete
Name:	WALKER, KAY	
Address:	4080 MCGINNIS FERRY RD STE 1003	
City-St-Zip:	ALPHARETTA, GA 30005	
Title:	VC	( ) Delete
Name:	SHIVER, GREGORY S	
Address:	13262 US HWY 92 EAST	
City-St-Zip:	DOVER, FL 33527	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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: VICTOR LOGAN ST 04/16/2003

Electronic Signature of Signing Officer or Director — Date