

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90842 029 ***150.00

DOCUMENT # G08976

1. Entity Name
JB NURSERIES, INC.



Principal Place of Business
4456 CHANDLER RD (32712)
P.O. BOX 1041
APOPKA FL 32704

Mailing Address
4456 CHANDLER RD (32712)
P.O. BOX 1041
APOPKA FL 32704

20007022



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2233077**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

BEARSCH, JACK M.
444 LAKEWOOD DRIVE
WINTER PARK FL 32789

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME **VST**
STREET ADDRESS **BEARSCH, RANDALL A**
CITY-ST-ZIP **443 JORDAN STUART CR. #111**
APOPKA FL 32703 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME **DPT**
STREET ADDRESS **BEARSCH, JACK M**
CITY-ST-ZIP **444 LAKEWOOD DRIVE**
WINTER PARK FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME **V**
STREET ADDRESS **WEBB, WILLIAM E.**
CITY-ST-ZIP **1840 CRANBERRY ISLES WAY**
APOPKA FL ☐ Delete

TITLE
NAME **Webb, William E.**
STREET ADDRESS **23428 Oak Prairie Cr.**
CITY-ST-ZIP **Sorrento, FL 32776** ☒ Change ☐ Addition

TITLE
NAME **AT**
STREET ADDRESS **MORRIS, DAVID W**
CITY-ST-ZIP **117 LYNDBURST DR.**
LONGWOOD FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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.

1/08/03

SIGNATURE: *David W. Morris*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David W. Morris, Controller 407-886-7165

Date

Daytime Phone #

CR2E034 (10/02)