

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G19286

1. Entity Name
ROPER'S NURSERY, INC.

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90007 030 ***150.00

Principal Place of Business

9720 87TH PL SOUTH
BOYNTON BEACH FL 33437
US

Mailing Address

14837 HORSESHOE TRACE
WPB FL 33414-8953
US

2. Principal Place of Business

3067 "B" Road
Suite, Apt. #, etc.

3. Mailing Address

1954 Staimford
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Loxahatchee, FL

Zip 33470 Country USA

City & State
Wellington, FL

Zip 33414 Country USA

4. FEI Number 59-2251475

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROPER, STANLEY R.
~~14837 HORSESHOE TRACE~~
WPB FL 33414

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
1954 Staimford Circle
City Wellington FL Zip 33414

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.

SIGNATURE *Cherilyn Roper* *Stanley Roper* DATE 4-4-00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEES \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	VSD	<input type="checkbox"/> Delete
NAME	ROPER, CHERILYN	
STREET ADDRESS	14837 HORSESHOE TRACE	
CITY-ST-ZIP	WPB FL	
TITLE	PTD	<input type="checkbox"/> Delete
NAME	ROPER, STANLEY	
STREET ADDRESS	14837 HORSESHOE TRACE	
CITY-ST-ZIP	WPB FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1954 Staimford Circle	
STREET ADDRESS	Wellington FL 33414	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1954 Staimford Circle	
STREET ADDRESS	Wellington, FL 33414	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Cherilyn Roper* DATE: 4-4-00 DAYTIME PHONE #: 561-753-3307
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)