

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# H53835

FILED
Apr 30, 2003
Secretary of State

Entity Name: TUCKER NURSERY, INC.

Current Principal Place of Business:

32130 STATE ROAD 437
P.O. BOX 669
SORRENTO, FL 327760669

New Principal Place of Business:

Current Mailing Address:

32130 STATE ROAD 437
P.O. BOX 669
SORRENTO, FL 327760669

New Mailing Address:

FEI Number: 59-2528332

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TUCKER, PETER W.
4907 DORA DR.
MT. DORA, FL 32757 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: PTD () Delete
Name: TUCKER, PETER W.,
Address: 4907 DORA DR.
City-St-Zip: MT. DORA, FL

Title: VSD () Delete
Name: TUCKER, JOHN W. III,
Address: 400 E CENTRAL BLVD
City-St-Zip: ORLANDO, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: PETER W TUCKER

PRES

04/30/2003

Electronic Signature of Signing Officer or Director

Date