

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90137 001 ***150.00

DOCUMENT # **H71630**

1. Entity Name
"DEE" OAKS NURSERY, INC.



Principal Place of Business: 5659 SW OWENS SCHOOL STREET, ARCADIA FL 34266, US
Mailing Address: P.O. BOX 1294, ARCADIA FL 34265, US



2. Principal Place of Business: Suite, Apt. #, etc., City & State, Zip, Country
3. Mailing Address: Suite, Apt. #, etc., City & State, Zip, Country

CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2566847** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
LAWSON, DOLORES A
26178 CHESTERFIELD RD
PUNTA GORDA FL 33983

7. Name and Address of New Registered Agent
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: *Dolores Lawson* (NOTE: Registered Agent's 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	
TITLE	<input type="checkbox"/> Delete
NAME	P LAWSON, DOLORES A
STREET ADDRESS	26178 CHESTERFIELD RD.
CITY-ST-ZIP	PUNTA GORDA FL 33983
TITLE	<input type="checkbox"/> Delete
NAME	V SALVADOR, CAROLYN N
STREET ADDRESS	560 MEADOWS CREEK
CITY-ST-ZIP	ALPHARETTA GA 30202
TITLE	<input type="checkbox"/> Delete
NAME	V LAWSON, JOHN V
STREET ADDRESS	26178 CHESTERFIELD ROAD
CITY-ST-ZIP	PUNTA GORDA FL 33983
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	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Dolores Lawson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **3/20/03** Daytime Phone #: **863-494-3444**

CR2E034 (10/02)