

2000 UNIFORM BUSINESS REPORT (UBR)

3/

DOCUMENT # K18930

Entity Name

DON JONES NURSERY AND GARDEN CENTER, INC.

FILED
May 12, 2000 8:00 am
Secretary of State

03-24-2000 90088 002 ***150.00

Principal Place of Business DON A. JONES 04 20TH STREET WEST BRADENTON FL 34205	Mailing Address % DON A. JONES 4204 20TH STREET WEST BRADENTON FL 34205-5004
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DO NOT WRITE IN THIS SPACE

Principal Place of Business		3. Mailing Address		4. FEI Number 65-0052454		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent JONES, DON A. 4204 20TH STREET WEST BRADENTON FL 34205		7. Name and Address of New Registered Agent Name Erma L. Jones Street Address (P.O. Box Number is Not Acceptable) 4204 - 20th Street, West City Bradenton FL Zip Code 34205	
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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: Erma L. Jones, Pres. DATE: 4-4-00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																				
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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: Erma L. Jones, Pres. DATE: 1/28/00 DAYTIME PHONE: 941-758-7135
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)