

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 27, 2003 8:00 am**  
**Secretary of State**

02-27-2003 90161 025 \*\*\*150.00

<b>DOCUMENT # K18930</b>					
<b>1. Entity Name</b> DON JONES NURSERY AND GARDEN CENTER, INC.					
<b>Principal Place of Business</b> % DON A. JONES 4204 20TH STREET WEST BRADENTON FL 34205			<b>Mailing Address</b> % DON A. JONES 4204 20TH STREET WEST BRADENTON FL 34205		
<b>2. Principal Place of Business</b> 2424 Manatee Ave., East Suite, Apt. #, etc.		<b>3. Mailing Address</b> 2424 Manatee Ave., East Suite, Apt. #, etc.			
<b>City &amp; State</b> Bradenton, FL		<b>City &amp; State</b> Bradenton, FL		<b>4. FEI Number</b> 65-0052454 <span style="float: right;"><input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable</span>	
<b>Zip</b> 34208 <b>Country</b> U.S.A.		<b>Zip</b> 34208 <b>Country</b> U.S.A.		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  SHEPPARD, ERMA 4204 20TH STREET WEST BRADENTON FL 34205			<b>7. Name and Address of New Registered Agent</b> Name: Sheppard, Erma Street Address (P.O. Box Number is Not Acceptable): 2424 Manatee Ave., East City: Bradenton FL Zip Code: 34208		
<b>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.</b> SIGNATURE: <u>Erma Jones Sheppard</u> DATE: <u>2/24/03</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State			<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> Trust Fund Contribution.		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE: VP NAME: JONES, DON A JR STREET ADDRESS: 308-53RD ST WEST CITY-ST-ZIP: BRADENTON FL 34209	<input type="checkbox"/> Delete		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: PTD NAME: SHEPPARD, ERMA J STREET ADDRESS: 4204 20TH STREET WEST CITY-ST-ZIP: BRADENTON FL 34205	<input type="checkbox"/> Delete		TITLE: PTD NAME: Sheppard, Erma J. STREET ADDRESS: 2424 Manatee Ave., East CITY-ST-ZIP: Bradenton, FL 34208	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: 	<input type="checkbox"/> Delete		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: 	<input type="checkbox"/> Delete		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b> Erma J. Sheppard					
<b>SIGNATURE:</b> <u>Erma Jones Sheppard</u> <span style="float: right;">(941) 745-8433</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

CR2E034 (10/02)