

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L00000001525

FILED
Jan 28, 2002 8:00 AM
Secretary of State

Entity Name: BUSHS NATIVE NURSERY, ETC L.L.C.

Current Principal Place of Business:

1103 ALABAMA AVENUE
LYNN HAVEN, FL 32444

New Principal Place of Business:

Current Mailing Address:

1103 ALABAMA AVENUE
LYNN HAVEN, FL 32444

New Mailing Address:

FEI Number: 59-3624425

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUSH, VERNON
1103 ALABAMA AVENUE
LYNN HAVEN, FL 32444

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

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: BUSH, VERNON B MR
Address: 1103 ALABAMA AVE
City-St-Zip: LYNN HAVEN, FL 32444

Title: MGRM () Delete
Name: BUSH, KATHRYN A MRS
Address: 1103 ALABAMA AVE
City-St-Zip: LYNN HAVEN, FL 32444

ADDITIONS/CHANGES:

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: VERNON B. BUSH

MR.

01/28/2002

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date