

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N98000000079**

1. Entity Name

**JACKSONVILLE WEED AND SEED, INC.****FILED**  
**Feb 20, 2002 8:00 am**  
**Secretary of State**

02-20-2002 90136 028 \*\*\*\*70.00

Principal Place of Business

**093 WEST 6TH STREET  
JACKSONVILLE FL 32209**

Mailing Address

**1093 WEST 6TH STREET  
JACKSONVILLE FL 32209**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **59-3585584**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MURPHY, CHRIS A  
429 LINWOOD AVE  
JACKSONVILLE FL 32206**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00 May Be  
Added to Fees****Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**D** ☒ Delete  
**KERR, DIANE**  
**2893 EDISON AVE.**  
**JACKSONVILLE FL 32254**  
**VC** ☐ Delete  
**BODDIE, FATHER JAMES**  
**2110 BLUE AVE.**  
**JACKSONVILLE FL 32209**  
**DS** ☐ Delete  
**GREEN, WILLIE**  
**1905 DURKEE DR. E.**  
**JACKSONVILLE FL 32209**  
**DT** ☐ Delete  
**HENSLEY, BRYAN**  
**117 W. DUVAL ST-STE 210**  
**JACKSONVILLE FL 32202**  
**D** ☐ Delete  
**DICKERSON, PAUL**  
**555 STOCKTON ST.**  
**JACKSONVILLE FL 32204**  
**D** ☐ Delete  
**WASHINGTON, LLOYD**  
**2344 SHERRINGTON ST.**  
**JACKSONVILLE FL 32209**☐ Change ☐ Addition  
☐ Change ☐ Addition  
☐ Change ☐ Addition  
☐ Change ☐ Addition  
☐ Change ☐ Addition  
☐ Change ☐ Addition

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 617, 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:

**Chris A. Murphy**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**1/13/02**  
Date**904-633-7761**  
Daytime Phone #

CR2E037 (9/01)