

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N98000000079

FILED
Jan 21, 2003
Secretary of State

Entity Name: JACKSONVILLE WEED AND SEED, INC.

Current Principal Place of Business:

1093 WEST 6TH STREET
JACKSONVILLE, FL 32209

New Principal Place of Business:

Current Mailing Address:

1093 WEST 6TH STREET
JACKSONVILLE, FL 32209

New Mailing Address:

FEI Number: 59-3585584

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MURPHY, CHRIS A
429 LINWOOD AVE
JACKSONVILLE, FL 32206

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

OFFICERS AND DIRECTORS:

Title: VC () Delete
Name: BODDIE, FATHER JAMES
Address: 2110 BLUE AVE.
City-St-Zip: JACKSONVILLE, FL 32209

Title: DS () Delete
Name: GREEN, WILLIE
Address: 1905 DURKEE DR. E.
City-St-Zip: JACKSONVILLE, FL 32209

Title: DT () Delete
Name: HENSLEY, BRYAN
Address: 117 W. DUVAL ST-STE 210
City-St-Zip: JACKSONVILLE, FL 32202

Title: D () Delete
Name: DICKERSON, PAUL
Address: 555 STOCKTON ST.
City-St-Zip: JACKSONVILLE, FL 32204

Title: D () Delete
Name: WASHINGTON, LLOYD
Address: 2344 SHERRINGTON ST.
City-St-Zip: JACKSONVILLE, FL 32209

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL DICKERSON

D

01/21/2003

Electronic Signature of Signing Officer or Director

Date