

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2002 8:00 am**  
**Secretary of State**  
 05-01-2002 91572 039 \*\*\*150.00

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**DOCUMENT # P00000015692**

**1. Entity Name**  
**ALL SEASONS NURSERY, INC.**

<b>Principal Place of Business</b> 15207 W NEWBERRY RD NEWBERRY FL 32669	<b>Mailing Address</b> 15207 W NEWBERRY RD NEWBERRY FL 32669
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DO NOT WRITE IN THIS SPACE

<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

<b>4. FEI Number</b> 59-3624666	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**6. Name and Address of Current Registered Agent**

SEAY, TRINA  
 5538-A NW 43RD ST.  
 GAINESVILLE FL 32653

**7. Name and Address of New Registered Agent**

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 *Trina Seay* Trina Seay 4-17-02  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.</b> <input type="checkbox"/> <small>(See criteria on back)</small>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	<b>10. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> Trust Fund Contribution.
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**11. OFFICERS AND DIRECTORS**

<b>TITLE</b> SD <b>NAME</b> SEAY, TRINA <b>STREET ADDRESS</b> PO BOX 357153 <b>CITY-ST-ZIP</b> GAINESVILLE FL 32635	<input type="checkbox"/> Delete
<b>TITLE</b> PD <b>NAME</b> STARK, MICHAEL DAVID <b>STREET ADDRESS</b> 921 NW 118TH TER <b>CITY-ST-ZIP</b> GAINESVILLE FL 32606	<input checked="" type="checkbox"/> Delete
<b>TITLE</b> VPD <b>NAME</b> STARK, VANESSA LYN <b>STREET ADDRESS</b> 921 NW 118TH TERR <b>CITY-ST-ZIP</b> GAINESVILLE FL 32606	<input checked="" type="checkbox"/> Delete
<b>TITLE</b> TD <b>NAME</b> ROSS, BONNIE L <b>STREET ADDRESS</b> 2604 NW 162ND ST <b>CITY-ST-ZIP</b> NEWBERRY FL 32669	<input type="checkbox"/> Delete
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b> President <b>NAME</b> Troy F. Seay <b>STREET ADDRESS</b> PO Box 357153 <b>CITY-ST-ZIP</b> Gainesville, FL 32635	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**13. 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:** *Trina Seay* Trina Seay 4-17-02 352-332-2246  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)