

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90160 048 ***150.00

DOCUMENT # P00000094765

1. Entity Name
OLD SOUTH NURSERY, INC.



Principal Place of Business
855 NW 164TH AVE.
PEMBROKE PINES FL 33028

Mailing Address
P.O. BOX 821263
SOUTH FLORIDA FL 33082



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

17431 S.W. 266 TERR

City & State
HOMESTEAD, FLORIDA

Zip Country
33031 DADE

Suite, Apt. #, etc.

17431 S.W. 266 TERR

City & State
HOMESTEAD, FLORIDA

Zip Country
33031 DADE

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1062080

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BUCKLEY, HOWARD F
855 NW 164TH AVE
PEMBROKE PINES FL 33028

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
17431 SW 266 TERR.
City HOMESTEAD, FL Zip Code 33031

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	BUCKLEY, HOWARD F	
STREET ADDRESS	855 NW 164TH AVE	
CITY-ST-ZIP	PEMBROKE PINES FL 33028	
TITLE	VS	<input type="checkbox"/> Delete
NAME	BUCKLEY, ELINDA	
STREET ADDRESS	855 NW 164 AVENUE	
CITY-ST-ZIP	PEMBROKE PINES FL 33028	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	17431 SW 266 TERR	
CITY-ST-ZIP	HOMESTEAD, FLORIDA 33031	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	17431 SW 266 TERR	
CITY-ST-ZIP	HOMESTEAD, FLORIDA 33031	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

SIGNATURE: HOWARD F BUCKLEY PRESIDENT 4-21-03 305-242-7101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)