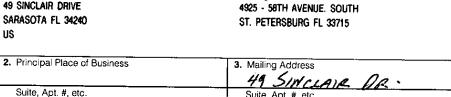
## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

## P01000006463 DOCUMENT #

1. Entity Name



SHADOW OAKS NURSERY, INC. Principal Place of Business Mailing Address 49 SINCLAIR DRIVE 4925 - 58TH AVENUE, SOUTH ST. PETERSBURG FL 33715





01-09-2003 90131 045 \*\*\*150.00



City & Sta	ate		City & State		4.	FEI Number FO 71000			pplied For
	<u> </u>		#4_		"	59-71983	78	· · · · · · · · · · · · · · · · · · ·	lot Applicable
Zip	<u></u>	Country	Zip 34240	Country	5.	Certificate of Status Desire	d 🗆	\$8.75 Ad	dditional
	6. Name	and Address of Current	Registered Agent		7. Name and Address of New Registered Agent				
RAPP, RONALD L 4925 58TH AVENUE SOUTH SAINT PETERSBURG FL 33715					Name Street Address (P.O. Box Number is Not Acceptable)				
8. The above	e named entity	submits this statement for	the purpose of changing its re	agistared office	or registered as	root on both in the Olevent	FI.	<b>L</b>	
the obliga	itions of registe	red agent.	the purpose of changing its in	egistered omce	or registered ag	jent, or both, in the State of	Florida. I am	ı familiar with,	and accept
SIGNATURE		_							
		printed name of registered agent a	nd title if applicable. (NOTE:	Registered Agent sign	ature required when re	einstating)	DATE		
Afte	r May 1, 2003	FEE IS \$150.00 Fee will be \$550.00 Florida Department of	State			Election Campaign     Trust Fund Contribu	υ,		00 May Be d to Fees
10.		OFFICERS AND D	DIRECTORS	11.		DITIONS/CHANGES TO O	FEICERS AN	D DIRECTOR	C IN 11
TITLE	PVST		☐ Delete	TITLE	0/7/	2	**	Change	☐ Addition
NAME	RAPP, RON			NAME	RAPP	, RONAROL.		Olidigo	7.00000
STREET ADDRESS CITY-ST-ZIP		I AVENUE SOUTH BURG FL 33715		STREET ADDRESS	4525	58m Ave 50			
TITLE	D. FEILIG	DONG FE 337 13		CITY-ST-ZIP	57.67	ETELEBURG F.	2 33/1	<u> </u>	
NAME	RAPP, RONA	At D I	<b>Æ</b> Delete	TITLE NAME	Poss			Change	X Addition
	4925 - 58TH	AVENUE SOUTH		STREET ADDRESS	9412	BARRY A 69th ALL E	Ξ.		
CITY-ST-ZIP	ST. PETERS	BURG FL 33715		CITY-ST-ZIP	farm.	ETTO FL.	3422	-)	
TITLE			☐ Delete	TITLE					
NAME Street address				NAME					
CITY-ST-ZIP				STREET ADDRESS CITY-ST-ZIP					
TITLE			☐ Delete	TITLE	<del> </del>		· .	☐ Change	- Addition
NAME			buote	NAME				Change	Addition
STREET ADDRESS				STREET ADDRESS					
CITY-ST-ZIP	:	<del>-</del>		CITY-ST-ZIP					
TITLE NAME			☐ Delete	TITLE				☐ Change	☐ Addition
STREET ADDRESS				NAME STREET ADDRESS					
CITY-ST-ZIP				CITY-ST-ZIP					
TITLE		····	☐ Delete	TITLE	†	<del></del>		☐ Change	☐ Addition
NAME				NAME					
STREET ADDRESS  DITY-ST-ZIP				STREET ADDRESS					
3111-31-ZIP				CITY-ST-ZIP				<u> </u>	

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 chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR