

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90132 019 \*\*\*150.00

**DOCUMENT # P01000087911**

**1. Entity Name**  
**SOUTHERN GREENERY NURSERY, INC.**



**Principal Place of Business**  
**10925 TYSON ROAD**  
**ORLANDO FL 32832**

**Mailing Address**  
**10925 TYSON ROAD**  
**ORLANDO FL 32832**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number 59-3744550**

Applied For

Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

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

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

**NEWMAN, H. MARK**  
**10925 TYSON ROAD**  
**ORLANDO FL 32832**

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. I am familiar with, and accept the obligations of registered agent.**

**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 \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

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

TITLE	CEOP	<input type="checkbox"/> Delete
NAME	NEWMAN, H. MARK	
STREET ADDRESS	10925 TYSON ROAD	
CITY-ST-ZIP	ORLANDO FL 32832	
TITLE	D	<input type="checkbox"/> Delete
NAME	NEWMAN, H. MARK	
STREET ADDRESS	10925 TYSON ROAD	
CITY-ST-ZIP	ORLANDO FL 32832	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HUGHES, BRADLEY M	
STREET ADDRESS	1608 WEST IVANHOE BOULEVARD	
CITY-ST-ZIP	ORLANDO-FL- 32804	
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:**

*Signature of Howard M. Newman*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**4/29/03 407-466-6550**  
Date Daytime Phone #

CR2E034 (10/02)