

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90144 018 ***158.75

DOCUMENT # P02000009553

1. Entity Name
ST. JOHNS NURSERY INC.



Principal Place of Business
**600 STATE ROAD 13N
JACKSONVILLE FL 32259**

Mailing Address
**445 STATE ROAD 13N # 26
PMB 386
JACKSONVILLE FL 32259**

2. Principal Place of Business
360 INDIAN BRANCH RANCH ROAD
Suite, Apt. #, etc.

3. Mailing Address
445 STATE ROAD 13
Suite, Apt. #, etc.
STE # 26 PMB 366

City & State
ST AUGUSTINE FLORIDA

City & State
JACKSONVILLE FL

4. FEI Number
04-374-0584

Applied For
Not Applicable

Zip
32092

Country
FLORIDA USA

Zip
32259

Country
USA

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

6. Name and Address of Current Registered Agent

**SHELTON, CAROL A
600 STATE ROAD 13N
JACKSONVILLE FL 32259**

7. Name and Address of New Registered Agent

Name **CAROL A. SHELTON**
Street Address (P.O. Box Number is Not Acceptable)
360 INDIAN BRANCH RANCH ROAD
City **SAINT AUGUSTINE FL** Zip Code **32092**

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 *C. Shelton*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/20/03
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

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PRESIDENT
CAROL A. SHELTON.
360 INDIAN BRANCH RANCH ROAD
SAINT AUGUSTINE FL 32092

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: *C. Shelton* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/03

904-759-2089

Date

Daytime Phone #

CR2E034 (10/02)