


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 26, 2003 8:00 am
Secretary of State

03-26-2003 90141 047 ***150.00

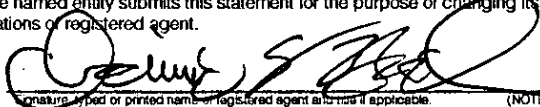
DOCUMENT # P02000072457	
1. Entity Name BROCKWOOD NURSERIES, INC.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 37021 DOGWOOD LANE Suite, Apt. #, etc.		3. Mailing Address P.O. BOX 1325 Suite, Apt. #, etc.	
City & State HILLIARD, FL		City & State HILLIARD, FL	
Zip 32046	Country USA	Zip 32046-1325	Country USA

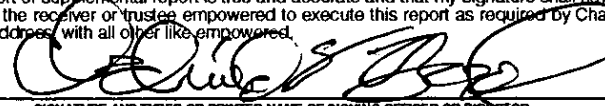
DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	4. FEI Number 02-0627127		Applied For <input type="checkbox"/> Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
	7. Name and Address of Current Registered Agent		
	Name <u>CHADWICK W. BROCK</u> Street Address (P.O. Box Number is Not Acceptable) 37021 DOGWOOD LANE, P.O. BOX 1325 City <u>HILLIARD</u> <u>FL</u> Zip Code <u>32046-1325</u>		

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 	DATE <u>2-18-03</u>

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, PRES. & CEO: BROCK, CHADWICK W. 37021 DOGWOOD LN, P.O. BOX 1325, HILLIARD, FL 32046-1325	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, V.P. & TREASURER: BROCK, PENNY D. 37021 DOGWOOD LN, P.O. BOX 1325, HILLIARD, FL 32046-1325	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, SECRETARY: BLAIR, THOMAS A. 3447 JEANNIE ROAD, P.O. BOX 16770, CALLAHAN, FL 32011-1670	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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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 on an attachment with an address with all other like empowered.		
SIGNATURE: 	DATE <u>2-18-03</u>	DAYTIME PHONE # <u>904-845-7385</u>

CR2E034B (12/02)