

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 22, 2001 8:00 am
Secretary of State

05-18-2001 91247 010 ****70.00

DOCUMENT # P07000074877

1. Entity Name

SIMPSON NURSERIES, L.A.A.

(Handwritten initials)

Principal Place of Business

HIGHWAY 19 SOUTH
 MONTICELLO FL 32344

Mailing Address

PO BOX 160
 MONTICELLO FL 32345



2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3724737

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BESHEARS, HALSEY W
ROUTE 1 BOX 250
MONTICELLO FL 32344

7. Name and Address of New Registered Agent

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
SEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE: **D** Delete
 NAME: **SHARPSBURG, LLC**
 STREET ADDRESS: **PO BOX 160**
 CITY-ST-ZIP: **MONTICELLO FL 32345**

TITLE: **D** Delete
 NAME: **MARSE ROBERT, INC.**
 STREET ADDRESS: **850 N JEFFERSON ST #9**
 CITY-ST-ZIP: **MONTICELLO FL 32344**

TITLE: **D** Delete
 NAME: **LAT, L.C.**
 STREET ADDRESS: **1835 OAKMONT LN**
 CITY-ST-ZIP: **ORLANDO FL 32804**

TITLE: **D** Delete
 NAME: **FOR-EVER GREEN OF JEFFERSON COUNTY LLC**
 STREET ADDRESS: **ROUT 1 BOX 250**
 CITY-ST-ZIP: **MONTICELLO FL 32344**

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Change Addition
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TITLE: Change Addition
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 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 reports 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 617, 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:

(Handwritten Signature)
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FRESH. BESHEARS

3/7/01
 Date

9572576
 Daytime Phone #

CR2E037 (10/00)