


**2003 PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91279 009 \*\*\*\*61.25

**DOCUMENT # P07000074877**

1. Entity Name  
**SIMPSON NURSERIES, L.A.A.**



Principal Place of Business Mailing Address  
**HIGHWAY 19 SOUTH PO BOX 160**  
**MONTICELLO FL 32344 MONTICELLO FL 32345**

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 **59-3724737** Applied For  
 Not Applicable  
 5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**11060041**

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent  
**BIRD, T. BUCKINGHAM W**  
**385 NORTH JEFFERSON STREET**  
**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>SOUTHERN BREEZE GROWTH CORPORATION</b>
STREET ADDRESS	<b>PO BOX 160</b>
CITY-ST-ZIP	<b>MONTICELLO FL 32345</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>SOUTHERN BREEZE MANAGEMENT SERVICES CO LLC</b>
STREET ADDRESS	<b>P. O. BOX 1176</b>
CITY-ST-ZIP	<b>MONTICELLO FL 32345</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>SOUTHERN BREEZE LEASING COMPANY, LLC</b>
STREET ADDRESS	<b>52 NACOOSA ROAD</b>
CITY-ST-ZIP	<b>MONTICELLO FL 32344</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 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: *[Signature]* **SIGNATURE REQUIRED** 4/25/03 9972514

CR2E037 (10/02)