FILED
Jul 04, 2002 8:00 am
Secretary of State
07-04-2002 90547 006 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000073182

1. Entity Name

Spectrum Nurseries, Inc.

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
8142 C.R 136	8142 C.R. 136
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Live Oak Fl	City & State: Live Oak
Zip: 32060 Country:	Zip: 32060 Country:

4. FEI Number ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Keith Jacks

Street Address (P.O. Box Number is Not Acceptable)

8142 C.R. 136

City: Live Oak FL Zip Code: 32060

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: Keith Jacks President DATE: 4-29-2002

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

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Keith Jacks 8142 C.R. 136 Live Oak Fl 32060	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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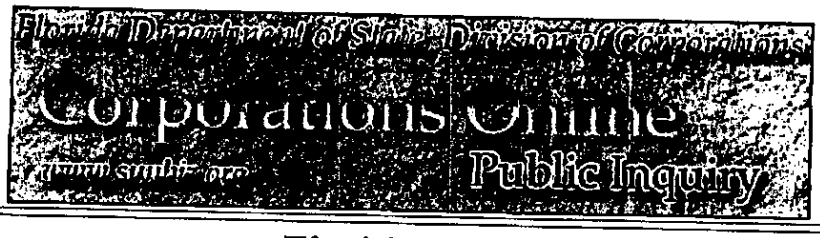
CR2E034B (12/01)

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Keith Jacks 4-29-2002 813 781 4418

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTACHMENT



118945

Florida Profit

SPECTRUM NURSERIES, INC.

PRINCIPAL ADDRESS
6026 W LINEBAUGH AVE.
TAMPA FL 33625

MAILING ADDRESS
6026 W LINEBAUGH AVE.
TAMPA FL 33625

Document Number P93000073182	**FEI Number** 593208018	**Date Filed** 10/14/1993
State FL	**Status** ACTIVE	**Effective Date** NONE
Last Event NAME CHANGE AMENDMENT	**Event Date Filed** 08/02/1999	**Event Effective Date** NONE

165-7858

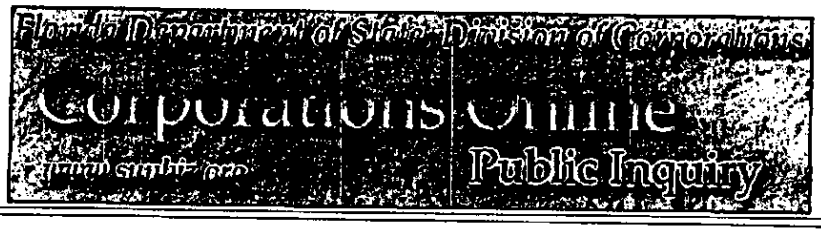
Registered Agent

Name & Address
JACKS, KEITH 17505 CANAL SHORES DR. ODESSA FL 33556

Officer/Director Detail

Name & Address	Title
JACKS, KEITH 6026 W. LINEBAUGH AVENUE TAMPA FL	PDS
JACKS, KEITH 6026 W. LINEBAUGH AVE. TAMPA FL	VP

ATTACHMENT



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SPECTRUM NURSERIES, INC.

1057858

Document Number	Date Filed	Effective Date	Status
P93000073182	10/14/1993	None	Active

EVENT TYPE	FILED DATE	EFFECTIVE DATE	DESCRIPTION
NAME CHANGE AMENDMENT	08/02/1999		OLD NAME WAS : SPECTRUM LANDSCAPE SERVICES, INC.
NAME CHANGE AMENDMENT	03/13/1996		OLD NAME WAS : SPECTRUM TREE SERVICE INC.

THIS IS NOT OFFICIAL RECORD; SEE DOCUMENTS IF QUESTION OR CONFLICT

Corporations Inquiry Corporations Help