

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

FILED
Feb 27, 2003 8:00 am
Secretary of State

02-27-2003 90165 021 ***150.00

DOCUMENT # *P93000088714*
1. Entity Name
Hone Oak Nursery, Inc.



00042330

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>7015 SR 471</i> Suite, Apt. #, etc.		3. Mailing Address <i>7015 SR 471</i> Suite, Apt. #, etc.	
City & State <i>Bushnell FL</i>		City & State <i>Bushnell, FL</i>	
Zip <i>33513</i>	Country <i>USA</i>	Zip <i>33513</i>	Country <i>USA</i>

4. FEI Number <i>59-3218725</i>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name <i>Brenda Maddox</i>	
Street Address (P.O. Box Number is Not Acceptable)	
<i>7015 SR 471</i>	
City <i>Bushnell</i>	FL Zip Code <i>33513</i>

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 *Brenda Maddox* (NOTE: Registered Agent signature required when reinstating) DATE *2-25-03*

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. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>DST Maddox, Glen 7015 SR 471 Bushnell, FL 33513</i>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>DP Maddox, Brenda 7015 SR 471 Bushnell, FL 33513</i>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 _____ DAYTIME PHONE # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)