2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 AM
Secretary of State

DOCUMENT# P96000061690

Entity Name: TALBOT ROAD NURSERY, INC.

Current Principal Place of Business:

23855 SW 192 AVE
HOMESTEAD, FL 33031 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 901511
HOMESTEAD, FL 33090 US

New Mailing Address:

FEI Number: 65-0686736 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BUCHANAN, WINSTON JR
PO BOX 901024
HOMESTEAD, FL 33090

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: BUCHANAN, WINSTON JR
Address: PO BOX 901024
City-St-Zip: HOMESTEAD, FL 33090

Title: VD ( ) Delete
Name: LEWIS, DAVID J
Address: 13390 SW 200TH ST
City-St-Zip: MIAMI, FL 33177

Title: SD ( ) Delete
Name: BUCHANAN, ELIZABETH A
Address: PO BOX 901024
City-St-Zip: HOMESTEAD, FL 33090

Title: TD ( ) Delete
Name: BUCHANAN, WINSTON SR
Address: 19525 SW 248 ST
City-St-Zip: HOMESTEAD, FL 33031

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELIZABETH BUCHANAN SD 04/24/2002

Electronic Signature of Signing Officer or Director Date