


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2003 8:00 am
Secretary of State

02-19-2003 90010 021 ***150.00

DOCUMENT # P97000044915

1. Entity Name
CAPPS NURSERY, INC.



Principal Place of Business
**RT 1, BOX 69
LAMONT FL 32336**

Mailing Address
**9587 S JEFFERSON
LAMONT FL 32336**

2. Principal Place of Business
9587 S Jefferson

3. Mailing Address

Suite, Apt. #, etc.
LAMONT L

City & State
LAMONT, FL

City & State

Zip
32336

Country
Jefferson

Zip

Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3444272**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**BROOKS, RHETT K
9587 S JEFFERSON
LAMONT FL 32336**

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 *Rhett Brooks Owner* DATE *2-13-03*

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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	D	<input type="checkbox"/> Delete
NAME	BROOKS, RHETT K	
STREET ADDRESS	RT 1, BOX 69	
CITY-ST-ZIP	LAMONT FL 32336	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROOKS, PATRICIA D	
STREET ADDRESS	RT 1 BOX 69	
CITY-ST-ZIP	LAMONT FL 32336	
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 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Brooks Rhett K	
STREET ADDRESS	9587 South Jefferson	
CITY-ST-ZIP	LAMONT FL 32336	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Brooks, Patricia D	
STREET ADDRESS	9587 South Jefferson	
CITY-ST-ZIP	Lamont, FL 32336	
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
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 607, 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: *Rhett Brooks Owner* DATE *2-13-03* DAYTIME PHONE # *850-997-3736*

REQUIRE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CRE034 (10/02)