


# 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  
**32336**

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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BROOKS, RHETT K</b>	
STREET ADDRESS	<b>RT 1, BOX 69</b>	
CITY-ST-ZIP	<b>LAMONT FL 32336</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BROOKS, PATRICIA D</b>	
STREET ADDRESS	<b>RT 1 BOX 69</b>	
CITY-ST-ZIP	<b>LAMONT FL 32336</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 11

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Brooks Rhett K</b>	
STREET ADDRESS	<b>9587 South Jefferson</b>	
CITY-ST-ZIP	<b>LAMONT FL 32336</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Brooks, Patricia D</b>	
STREET ADDRESS	<b>9587 South Jefferson</b>	
CITY-ST-ZIP	<b>Lamont, FL 32336</b>	
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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CRE034 (10/02)