2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000000313

Suite, Apt. #, etc.

City & State

Zip

SIGNATURE

SHERBURN DAKIN & SON NURSERY, INC.

Country

DAKIN, SHERBURN F

PALMETTO FL 34221

5916 ELLENTON GILLETTE ROAD

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable.

One (IDO) IN DAME OF THE		
Principal Place of Business	Mailing Address	
5916 ELLENTON GILLETTE ROAD PALMETTO FL 34221	5916 ELLENTON GILLETTE ROAD PALMETTO FL 34221-8918	
		•
2 Principal Place of Business	3 Mailing Address	

Suite, Apt. #, etc.

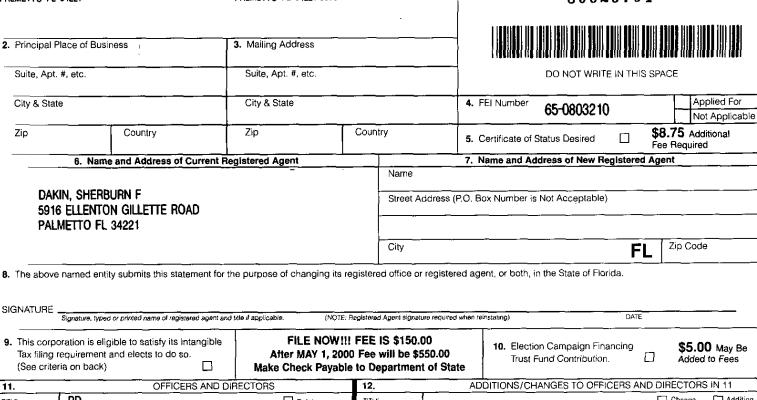
City & State

Zip

FILED Mar 02, 2000 8:00 am Secretary of State

03-02-2000 90014 047 ***150.00

C0028704



FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. 11. PD ☐ Addition ☐ Delete ☐ Channe TITLE TITLE DAKIN, KIRT S NAME NAME STREET ADDRESS STREET ADDRESS 5916 ELLENTON GILLETTE ROAD CITY-ST-ZIP CITY-ST-ZIP PALMETTO FL 34221 TITLE ☐ Delete TITLE ☐ Change ☐ Addition DAKIN, SHERBURN F NAME NAME STREET ADDRESS STREET ADDRESS 5916 ELLENTON GILLETTE ROAD CITY-ST-ZIP CITY-ST-ZIP PALMETTO FL 34221 ☐ Delete ☐ Change Addition TITLE TITLE DAKIN, PEGGY J NAME NAME STREET ADDRESS 5916 ELLENTON GILLETTE ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALMETTO FL 34221 ☐ Change ☐ Addition TD ☐ Delete TITLE TITLE IZZO-DAKIN, REBECCA NAME NAME STREET ADDRESS STREET ADDRESS 5916 ELLENTON GILLETTE ROAD CITY-ST-ZIP CITY-ST-7/P PALMETTO FL 34221 ☐ Change ☐ Addition ☐ Delete TIME TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

Country

Name

City

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 Block 12 if with all other like en

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)