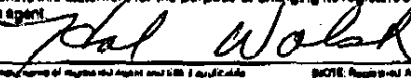
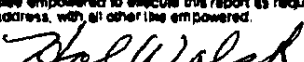


FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90180 003 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000013136 1. Entity Name SHADY ACRES NURSERY, INC.																																			
Principal Place of Business 15081 N MALLARD LN FORT MYERS, FL 33913 US		Mailing Address 15081 N MALLARD LN FORT MYERS, FL 33913 US																																	
3. Principal Place of Business 18351 Riccardo Road		2. Mailing Address 18351 Riccardo Road																																	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☒ CHECK HERE IF MAKING CHANGES																															
City & State Fort Myers FL		City & State Fort Myers FL		4. FEI Number 85-0904883																															
Zip 33912		Country USA		5. Certificate of Status Desired ☐ \$5.75 Additional Fee Required																															
6. Name and Address of Current Registered Agent WALSH, HAROLD A 18081 N MALLARD LANE FORT MYERS, FL 33913				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 18351 Riccardo Road City Fort Myers FL Zip Code 33912																															
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  4/11/03 Signature required for written name of registered agent and all beneficials. (NOTE: Registered Agent's signature required when optional)																																			
				9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fee																															
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																															
<table border="1"><tr><td>TITLE</td><td>P</td><td>NAME</td><td>WALSH, HAROLD</td><td>☐ Delete</td></tr><tr><td>STREET ADDRESS</td><td></td><td></td><td>18081 N MALLARD LN</td><td></td></tr><tr><td>CITY - ST - ZIP</td><td></td><td></td><td>FORT MYERS, FL 33913</td><td></td></tr></table>				TITLE	P	NAME	WALSH, HAROLD	☐ Delete	STREET ADDRESS			18081 N MALLARD LN		CITY - ST - ZIP			FORT MYERS, FL 33913		<table border="1"><tr><td>TITLE</td><td>P</td><td>NAME</td><td>8351 Riccardo Road</td><td>☒ Change ☐ Addition</td></tr><tr><td>STREET ADDRESS</td><td></td><td></td><td>Fort Myers FL</td><td></td></tr><tr><td>CITY - ST - ZIP</td><td></td><td></td><td>33912</td><td></td></tr></table>		TITLE	P	NAME	8351 Riccardo Road	☒ Change ☐ Addition	STREET ADDRESS			Fort Myers FL		CITY - ST - ZIP			33912	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 179.07(3)(1), 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:  4/11/03 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR BENEFIT																																			