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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	Mailing Address
15081 N MALLARD LN FORT MYERS, FL 33913 US	15081 N MALLARD LN FORT MYERS, FL 33913 US

2. Principal Place of Business	3. Mailing Address
18351 Riccardo Road	18351 Riccardo Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Fort Myers FL	City & State: Fort Myers FL
Zip: 33912 Country: USA	Zip: 33912 Country: USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0904883 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
WALSH, HAROLD A
15081 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 Hal Walsh 4/11/03
Signature, typed or printed name of registered agent and title if applicable — DATE
(NOTE: Registered Agent signature required when reinstating)

[redacted]

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P WALSH, HAL 15081 N MALLARD LN FORT MYERS, FL 33913 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P 18351 Riccardo Road Fort Myers FL 33912 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: Hal Walsh 4/11/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)