

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 07, 2000 8:00 am
Secretary of State

04-24-2000 90031 024 ***150.00

DOCUMENT # S69626

1. Entity Name
JAN'S NURSERY, INC.

Principal Place of Business 10785 S. US HIGHWAY 41 DUNNELLON FL 34430	Mailing Address P.O. BOX 682 DUNNELLON FL 34430-0682
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country	Country
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4. FEI Number 59-3076927	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent
DEWITT, JANICE M
19480 SW 38TH ST
DUNNELLON FL 34431

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.

SIGNATURE *Janice Dewitt* DATE 4/10/2000
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature red-lined when re-registering)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST DEWITT, JANICE M. 19480 SW 38TH ST DUNELLON FL	<input type="checkbox"/> Delete
	<i>President.</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DEWITT, KEVIN L 18484 SW 38TH STREET DUNNELLON FL	<input type="checkbox"/> Delete
	<i>VP</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DEWITT, LEO E 19480 SW 38TH ST DUNNELLON FL	<input type="checkbox"/> Delete
	<i>VP</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jeffery Dewitt P O BOX 1658 Dunnellon, FL 34430	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
	<i>VP</i>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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 807, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Janice Dewitt* DATE 4/10/2000 **352489-0026**
Signature AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR

CR2E034 (8/99)