


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 12, 2003 8:00 am
Secretary of State

02-12-2003 90124 023 ***150.00

DOCUMENT # 569626
1. Entity Name Jan's Nursery Inc ✓ 

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 10765 S. US Hwy 41 Suite, Apt. #, etc.
3. Mailing Address P.O. Box 662 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State Dunnellon FL City & State Dunnellon FL
Zip 34432 Country Marion Zip 34430 Country Marion

4. FEI Number 59-3076927 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$350.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY-ST-ZIP | <u>President Janice Delwitt 19480 SW 36th St Dunnellon, FL 34431</u> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <u>Vice-President Kevin Delwitt 20303 SW 69th Pl Dunnellon, FL 34431</u> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <u>Vice-President Jeffery Delwitt P.O. Box 1658 Dunnellon, FL 34430</u> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <u>Vice-President Leo Delwitt 19480 SW 36th St Dunnellon, FL 34431</u> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Janice Delwitt 2/10/03
DATE: _____ DAYTIME PHONE # _____

CP2ED34E (12/02)