2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2003
Secretary of State

DOCUMENT# V10580

Entity Name: CASUAL PLANTS INC.

Current Principal Place of Business:

1512 LINKSIDE DRIVE
ORANGE PARK, FL 32003 US

New Principal Place of Business:

1654 WATER'S EDGE DRIVE
ORANGE PARK, FL 32003 US

Current Mailing Address:

1512 LINKSIDE DRIVE
ORANGE PARK, FL 32003 US

New Mailing Address:

1654 WATER'S EDGE DRIVE
ORANGE PARK, FL 32003 US

FEI Number: 59-3114732 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KING, DAVID A.
1416 KINGSLEY AVE
ORANGE PARK, FL 32073 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: KIRKMAN, JOYCE D
Address: 1512 LINKSIDE DRIVE
City-St-Zip: ORANGE PARK, FL 32003

Title: VP ( ) Delete
Name: KIRKMAN, CHESTE M
Address: 1512 LINKSIDE DRIVE
City-St-Zip: ORANGE PARK, FL 32003

Title: T ( ) Delete
Name: KIRKMAN, CHESTER M
Address: 1512 LINKSIDE DRIVE
City-St-Zip: ORANGE PARK, FL 32003

Title: S ( ) Delete
Name: KIRKMAN, JOYCE
Address: 1512 LINKSIDE DRIVE
City-St-Zip: ORANGE PARK, FL 32003

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: KIRKMAN, JOYCE D
Address: 1654 WATER'S EDGE DRIVE
City-St-Zip: ORANGE PARK, FL 32003

Title: VP (X) Change ( ) Addition
Name: KIRKMAN, CHESTE M
Address: 1654 WATER'S EDGE DRIVE
City-St-Zip: ORANGE PARK, FL 32003

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOYCE D. KIRKMAN P 04/27/2003

Electronic Signature of Signing Officer or Director Date