

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90255 025 ***150.00

DOCUMENT # V23176

1. Entity Name

DRYMON'S PLANT NURSERY, INC.



Principal Place of Business
**2601 11TH AVENUE S.E.
RUSKIN FL 33570**

Mailing Address
**2601 11TH AVENUE S.E.
RUSKIN FL 33570**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3113265**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**DRYMON, LUCIA K.
2601 11TH AVENUE S.E.
RUSKIN FL 33570**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	DRYMON, DANIEL W	
STREET ADDRESS	2601 11TH AVENUE SE	
CITY-ST-ZIP	RUSKIN FL 33570	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	DRYMON, LUCIA K	
STREET ADDRESS	2601 11TH AVENUE SE	
CITY-ST-ZIP	RUSKIN FL 33570	
TITLE	S	<input type="checkbox"/> Delete
NAME	DRYMON, JASON W	
STREET ADDRESS	2601 11TH AVENUE SE	
CITY-ST-ZIP	RUSKIN FL 33570	
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *SIGNATURE REQUIRED*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-11-03

813-645-1739

Date

Daytime Phone #

CR2E034 (10/02)