

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# V34091

FILED
Apr 10, 2003
Secretary of State

Entity Name: JOSEPH BLUE & SONS NURSERY, INC.

Current Principal Place of Business:

19930 S.W. 286 ST.
HOMESTEAD, FL 33030

New Principal Place of Business:

769 S.W. BITTERN ST
PALM CITY, FL 34990

Current Mailing Address:

19930 S.W. 286 ST.
HOMESTEAD, FL 33030

New Mailing Address:

769 S.W. BITTERN STREET
PALM CITY, FL 34990

FEI Number: 65-0332434

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARLSON, ROBERT E.
8900 S.W. 107 AVE.
SUITE 301
MIAMI, FL 33176

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: DP () Delete
Name: BLUE, JOSEPH F.,
Address: 19930 S.W. 286 STREET
City-St-Zip: HOMESTEAD, FL

Title: DVST () Delete
Name: BLUE, SHARON P.,
Address: 19930 S.W. 286 STREET
City-St-Zip: HOMESTEAD, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: BLUE, JOSEPH F.,
Address: 769 S. W. BITTERN ST
City-St-Zip: PALM CITY,, FL 34990

Title: DVST (X) Change () Addition
Name: BLUE, SHARON P.,
Address: 769 S.W. BITTERN ST
City-St-Zip: PALM CITY, FL 34990

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: SHARON P. BLUE

SECR

04/10/2003

_____ Electronic Signature of Signing Officer or Director

_____ Date