

FILED  
Apr 21, 2003 8:00 am  
Secretary of State

04-07-2003 90179 005 \*\*\*155.00

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P02000078241**  
1. Entity Name  
**OAK FARMS NURSERY WHOLESALE & RETAIL, INC.**



55028285



CHECK HERE IF MAKING CHANGES

4. FEI Number **01-0736909**  
Applied For  
 Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required

Principal Place of Business  
**850 INDIANA AVENUE NORTH  
ENGLEWOOD FL 34223**

Mailing Address  
**850 INDIANA AVENUE NORTH  
ENGLEWOOD FL 34223**

2. Principal Place of Business  
Suits, Apt. #, etc.

3. Mailing Address  
Suits, Apt. #, etc.

City & State  
City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent  
**NEWBERRY, SUSAN  
850 INDIANA AVENUE NORTH  
ENGLEWOOD FL 34223**

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 *Susan Newberry* Vice Pres 3/31/03  
NOTE: Registered Agent signature required when registering.

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

TITLE NAME STREET ADDRESS CITY- ST- ZIP	PT NEWBERRY, BILLY F 850 INDIANA AVENUE NORTH ENGLEWOOD FL 34223	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VS NEWBERRY, SUSAN 850 INDIANA AVENUE NORTH ENGLEWOOD FL 34223	<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
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 information.

SIGNATURE: *Susan Newberry* Vice Pres 3/31/03 94-4748226  
NOTE: Signature and typed or printed name of signed officer or director.

CR2003 (10/02)