

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

0328713 AV

DOCUMENT # 670750

1. Entity Name

BIESTERFELD LAWN & GARDEN CENTER, INC.

04-02-2002 90865 004 ***158.75

Principal Place of Business

Mailing Address

**6115 NW 77TH WAY
 TAMARAC FL 33321**

**6115 NW 77TH WAY
 TAMARAC FL 33321**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1999768

Applied For
 Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
 Fee Required**

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BIESTERFELD, JOHN
 6115 NW 77TH WAY
 TAMARAC FL 33321**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	BIESTERFELD, JOHN	
STREET ADDRESS	6115 NW 77TH WAY	
CITY-ST-ZIP	TAMARAC FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	BIESTERFELD, DIANA R	
STREET ADDRESS	6115 NW 77TH WAY	
CITY-ST-ZIP	TAMARAC FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	BIESTERFELD, JOSEPH JR	
STREET ADDRESS	6115 NW 77TH WAY	
CITY-ST-ZIP	TAMARAC FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like powers.

SIGNATURE: *Diana Buterfeld* **ST**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3602 954-726-0960
 Date Daytime Phone #

CR2E034 (9/01)