

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

FILED
Jun 13, 2002 8:00 am
Secretary of State

05-08-2002 90139 031 ***150.00

DOCUMENT # F00000001301

1. Entity Name

NURSERY SUPPLIES, INC.

DO NOT WRITE IN THIS SPACE

35088

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1415 ORCHARD DRIVE

3. Mailing Address
1415 ORCHARD DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
CHAMBERSBURG, PA

City & State
CHAMBERSBURG, PA

4. FEI Number
22-1801978

Applied For
Not Applicable

Zip
17201

Country

Zip
17201

Country

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

7. Name and Address of Current Registered Agent

Name
CANDACE NORWOOD

Street Address (P.O. Box Number is Not Acceptable)
2050 AVENUE "A"

City
KISSIMMEE, FL

FL

Zip Code
34758

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 *Candace R. Norwood, Operational Accountant*

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

(NOTE: Registered Agent signature required when reinstating)

6/3/02
DATE

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GUARRIELLO, THEODORE JR. 675 LIME MAR LANE BERRYVILLE, VA 22611
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD GUARRIELLO, HENRY SR. 373 CRAIG ROAD GREENCASTLE, PA 17225
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V GUARRIELLO, THEODORE J. III 1372 SPRINGSIDE DRIVE WEST CHAMBERSBURG, PA 17201
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V DELGADO, RICHARD 7802 LYTHAN PLACE JAMSVILLE, MD 21754
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD JONES, JEFFREY W. 371 MOSS SPRING AVENUE GREENCASTLE, PA 17225
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Jeffrey W. Jones*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/02
Date

717-263-7780
Daytime Phone #