

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91763 002 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000001301
1. Entity Name
NURSERY SUPPLIES, INC.

DO NOT WRITE IN THIS SPACE

90128399

2. Principal Place of Business
1415 ORCHARD DRIVE
Suite, Apt. #, etc.

3. Mailing Address
1415 ORCHARD DRIVE
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

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

DO NOT WRITE
IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
CANDAICE NORWOOD

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

City
KISSIMMEE

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

SIGNATURE

Signature, typed or printed of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	TITLE	NAME
P	GUARRIELLO, THEODORE JR.		
STREET ADDRESS	695 CLAY HILL ROAD	STREET ADDRESS	
CITY-ST-ZIP	BOYCE, VA 22620	CITY-ST-ZIP	
CD	GUARRIELLO, HENRY SR.		
STREET ADDRESS	373 CRAIG ROAD	STREET ADDRESS	
CITY-ST-ZIP	GREENCASTLE, PA 17225	CITY-ST-ZIP	
V	GUARRIELLO, THEODORE J. III		
STREET ADDRESS	1372 SPRINGSIDE DRIVE WEST	STREET ADDRESS	
CITY-ST-ZIP	CHAMBERSBURG, PA 17201	CITY-ST-ZIP	
V	DELGADO, RICHARD		
STREET ADDRESS	7802 LYTHAN PLACE	STREET ADDRESS	
CITY-ST-ZIP	IJAMSVILLE, MD 21754	CITY-ST-ZIP	
CD	JONES, JEFFREY W.		
STREET ADDRESS	371 MOSS SPRING AVENUE	STREET ADDRESS	
CITY-ST-ZIP	GREENCASTLE, PA 17225	CITY-ST-ZIP	

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IN THIS SPACE

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 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

4/10/03
Date

717-263-7780
Daytime Phone #

CR2E034B (12/02)