

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2001 8:00 am
Secretary of State

03-29-2001 91016 044 ***150.00

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DOCUMENT # P00000114415

1. Entity Name
GREEN THUMB LAWN & GARDEN CENTER NEWCO, INC.

Principal Place of Business Mailing Address
6115 NW 77TH WAY 6115 NW 77TH WAY
TAMARAC FL 33321 TAMARAC FL 33321

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **65-1066426** Applied For
 Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MOODY, JONES MONTEFUSCO & KRAUSE, P.A.
1333 S. UNIVERSITY DR., #201
PLANTATION FL 33324

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

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, 2001 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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
D	BIESTERFELD, JOSEPH	3200 N. OCEAN BLVD., #1608	FT. LAUDERDALE FL 33308				
DST	BIESTERFELD, DIANA R	3200 N. OCEAN BLVD., #1608	FT. LAUDERDALE FL 33308				
DP	BIESTERFELD, JOHN	6544 NW 104TH TERRACE	PARKLAND FL 33076				
DV	BIESTERFELD, JOSEPH JR	326 NW 110TH TERRACE	CORAL SPRINGS FL 33071				

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 an other like empowered.

SIGNATURE: *Joseph Biesterfeld*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-2001 954-726-0860
Date Daytime Phone #

CR2E034 (10/00)