


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

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90136 005 ***158.75

DOCUMENT # P98000107940
1. Entity Name
Bluez Bzkh NURSERY INC, R 

DO NOT WRITE IN THIS SPACE

11029796

2. Principal Place of Business 1765 PINE ISLAND RD Suite, Apt. #, etc. MERRITT ISLAND City & State FLORIDA 32953 Zip 32953 Country FLORIDA		3. Mailing Address 1210 S. BANANA RIVER DR Suite, Apt. #, etc. MERRITT ISLAND City & State FL. 32952 Zip 32952 Country FLORIDA	
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DO NOT WRITE IN THIS SPACE

4. FEI Number 59-282011	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: JAMES H. BLACK
Street Address (P.O. Box Number is Not Acceptable): 1210 S. BANANA RIVER DR
MERRITT ISLAND
City: FL Zip Code: 32952

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: James H. Black DATE: 4-27-2003
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)

<p>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</p>	<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p>
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT JAMES H. BLACK 32952 1210 S. BANANA RIVER DR ME FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY PETER T. BLACK 1200 SOUTH BANANA RIVER DR MERRITT ISLAND FL 32952	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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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: James H. Black James H. Black DATE: 4-26-2003 321452-8267
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034B (12/02)