2000 UNIFORM BUSINESS REPORT (UBR)

Mailing Address

3. Mailing Address

PoBoy

Suite, Apt. #, etc

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.

6072 SHALLOWFORD RD.

CHATTANOOGA TN 37421-1611

24028

ris A

City

DOCUMENT # F99000005129

1. Entity Name

NK LAWN & GARDEN CO.

2. Principal Place of Business 3701 Amnienla

tanooga

C T CORPORATION SYSTEM

PLANTATION FL 33324

1200 SOUTH PINE ISLAND ROAD

Country

6. Name and Address of Current Registered Agent

Principal Place of Business

6072 SHALLOWFORD RD.

CHATTANOOGA TN 37421

Suite, Apt #, etc.

9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PCEO NAME ABEL, WILLIAM G STREET ADDRESS CITY-ST-ZIP CHATTANOOGA TN 37421 TITLE V NAME STREET ADDRESS CITY-ST-ZIP CHATTANOOGA TN 37421 TITLE V NAME STREET ADDRESS CITY-ST-ZIP CHATTANOOGA TN 37421 TITLE V RIGHT STREET ADDRESS CITY-ST-ZIP CHATTANOOGA TN 37421 TITLE V RIGHT STREET ADDRESS CITY-ST-ZIP CHATTANOOGA TN 37421 TITLE V RIGHT STREET ADDRESS CITY-ST-ZIP CHATTANOOGA TN 37421 TITLE V RIGHT STREET ADDRESS CITY-ST-ZIP CHATTANOOGA TN 37421 TITLE V RIGHT STREET ADDRESS CITY-ST-ZIP CHATTANOOGA TN 37421 TITLE V RIGHT STREET ADDRESS CITY-ST-ZIP CHATTANOOGA TN 37421 TITLE V RIGHT STREET ADDRESS CITY-ST-ZIP CHATTANOOGA TN 37421 TITLE V RIGHT STREET ADDRESS CITY-ST-ZIP CHATTANOOGA TN 37421 TITLE D D D D D D D D D D D D D D D D D D D	
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TITLE NAME O'MARA, JOHN STREET ADDRESS CITY-ST-ZIP NEW YORK NY 10043 Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	n(
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 directed of the corporation or the receiver or trustee empowered of execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 changed, or on an attachment with an address, with all other like empowered. SIGNATURE: SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date	r I

FILED May 08, 2000 8:00 am Secretary of State

05-08-2000 90044 043 ***150.00

UPPOURTS



DO NOT WRITE IN THIS SPACE

13-3593975

7. Name and Address of New Registered Agent

5. Certificate of Status Desired

4. FEI Number

Street Address (P.O. Box Number is Not Acceptable)

Applied For

\$8.75 Additional

Zip Code

FI

Fee Required

Not Applicable