

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2002 8:00 am**  
**Secretary of State**

05-01-2002 91614 046 \*\*\*150.00

**DOCUMENT # F99000005129**

1. Entity Name

**NK LAWN & GARDEN CO.**

Principal Place of Business

**3701 AMNIEOLA HWY.  
 CHATTANOOGA TN 37406**

Mailing Address

**6072 SHALLOWFORD RD.  
 CHATTANOOGA TN 37421**

2. Principal Place of Business

**3701 Amnicola Hwy**

3. Mailing Address

**PO Box 24028**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Chattanooga TN**

City & State

**Chattanooga TN**

Zip

**37406**

Country

**USA**

Zip

**37422**

Country

**USA**

4. FEI Number

**13-3593975**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2002 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 ☐ Delete  
 NAME **PCEO**  
 STREET ADDRESS **STREBER, STEVE J**  
 CITY-ST-ZIP **6072 SHALLOWFORD ROAD  
 CHATTANOOGA TN 37421**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **FOX, KEITH**  
 CITY-ST-ZIP **106 53RD ST, 32ND FLOOR  
 NEW YORK NY 10022**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME **S**  
 STREET ADDRESS **DOWNES, TOM**  
 CITY-ST-ZIP **6072 SHALLOWFORD RD  
 CHATTANOOGA TN 37421**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **DIMELING, WILLIAM R**  
 CITY-ST-ZIP **1629 LOCUST STREET  
 PHILADELPHIA PA 19103**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **SCHRIEBER, RICHARD**  
 CITY-ST-ZIP **1629 LOCUST STREET  
 PHILADELPHIA PA 19103**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **O'MARA, JOHN**  
 CITY-ST-ZIP **399 PARK AVENUE, 14TH FLOOR  
 NEW YORK NY 10043**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 all other fee empowered.

SIGNATURE:

**STEVE STREBER**

**1/16/02 423/499-4488**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)