

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2003 8:00 am
Secretary of State

04-21-2003 90303 038 ***150.00

DOCUMENT # F99000005129

1. Entity Name
NK LAWN & GARDEN CO.



Principal Place of Business
**3701 AMNIEOLA HWY.
CHATTANOOGA TN 37406**

Mailing Address
**PO BOX 24026
CHATTANOOGA TN 37422**

55038421



2. Principal Place of Business

3701 Amnicola

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **13-3593975**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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

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

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

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME
Schreiber, Peter ☐ Change ☒ Addition
STREET ADDRESS
1629 Locust St.
CITY-ST-ZIP
Philadelphia, PA 19103 Director

TITLE NAME
 ☐ Change ☐ Addition
STREET ADDRESS

CITY-ST-ZIP

TITLE NAME
 ☐ Change ☐ Addition
STREET ADDRESS

CITY-ST-ZIP

TITLE NAME
 ☐ Change ☐ Addition
STREET ADDRESS

CITY-ST-ZIP

TITLE NAME
 ☐ Change ☐ Addition
STREET ADDRESS

CITY-ST-ZIP

TITLE NAME
 ☐ Change ☐ Addition
STREET ADDRESS

CITY-ST-ZIP

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 Block 11 if changed, or on an attach

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT

Date

Daytime Phone #

CR2E034 (10/02)

423/954-2934

March 27, 2002