2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# H78111

FILED Mar 23, 2002 8:00 AM Secretary of State

Entity Name: NURSERYMEN'S SURE-GRO CORP.

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	SHIGHWAY 1 ACH, FL 32967	7			
Current M	ailing Addres	s:	New Mailing Address	5:	
	SHIGHWAY 1 ACH, FL 32967	7			
FEI Number:	59-2584289	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Name and Address of Current Registered Agent: Name and Address of New Registered Agent:				
	LAWRENCE	/A\/ 1			
VERO BEA	TH US HIGHW CH, FL 32967 named entity s of Florida.	7 US	ourpose of changing its registered	d office or registered agent, or both,	
VERO BEA	named entity see of Florida.	7 US	ourpose of changing its registered	d office or registered agent, or both,	
VERO BEATHER The above in the State	named entity sof Florida.	7 US		d office or registered agent, or both, Date	
VERO BEATHER THE ABOVE IN THE STATE SIGNATURE	named entity so of Florida. RE: Electron tion is eligible to	7 US submits this statement for the p	ent		
VERO BEATHER THE ABOVE IN THE STATE SIGNATURE THIS CORPORA ELECTION CAN	named entity so of Florida. RE: Electron tion is eligible to	TUS Submits this statement for the particle in the particle ic Signature of Registered Age parties its Intangible Tax filing requires Fund Contribution ().	ent uirement and elects to do so (X).		
VERO BEATHER THE ABOVE IN THE STATE SIGNATURE THIS CORPORA ELECTION CAN	named entity so of Florida. RE: Electron Ition is eligible to opaign Financing S AND DIREC	TORS: Delete RENCE R.,	ent uirement and elects to do so (X).	Date	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VIRGINIA H. WALKER VP 03/23/2002