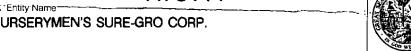
2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

H78111 **DOCUMENT#**





FILED Apr 17, 2003 8:00 am Secretary of State 04-17-2003 90627 033 ***150.00

NURSERYMEN'S SURE-GRO CORP.							04-17-2003 9	0027 0.	75 150	.00	
Principal Place of Business 4390 N. US HIGHWAY 1 VERO BEACH FL 32967		4390	Mailing Address 4390 N. US HIGHWAY 1 VERO BEACH FL 32967							a n 4 1214 (1121	
2. Principal Place of Business 3. Mailing Address				iress							
Suite, Apt.	#, etc.	Suit	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & Stat	е	City	City & State				4. FEI Number 59-2584289 Applied For Not Applicable				
Zip	Country	Zip		Coun	try	5. (Certificate of Status Desired		\$8.75 Add	ditional	
	6. Name and Address of Curren	t Register	ed Agent	L		7. N	Name and Address of New Rec				
					Name						
WALKER, LAWRENCE			Street Addres			P.Q. B	ox Number is Not Acceptable)				
	TH US HIGHWAY 1										
AFKO REV	ACH FL 32967										
				i	City			FL	` Zip Cod	е	
	named entity submits this statement ions of registered agent.	for the purp	ose of changing its	registere	ed office or register	red age	ent, or both, in the State of Florid	da. I am f	amiliar with,	and accept	
SIGNATURE .	Signature, typed or printed name of registered age	nt and title if app	olicable. (NOT	E: Registere	d Agent signature required	1 when re	einstatino)	DATE			
. ^=	ILE NOW!!! FEE IS \$150.00						<u> </u>				
After	r May 1, 2003 Fee will be \$550.00 R Payable to Florida Department						 9. Election Campaign Finar Trust Fund Contribution. 	ncing		May Be I to Fees	
10.	OFFICERS AN	D DIRECTO	RS	11.		AD	DITIONS/CHANGES TO OFFIC	ERS AND	DIRECTOR	S IN 11	
	DPT		☐ Delete	TITLE					☐ Change	☐ Addition	
NAME STREET ADDRESS	WALKER, LAWRENCE R. 4390 N. US 1			NAMI STRE	ET ADDRESS						
CITY-ST-ZIP	VERO BEACH FL				-ST-ZIP						
TITLE	DVS		☐ Delete	TITLE	:				☐ Change	Addition	
	WALKER, VIRGINIA H. 4390 N. US 1 VERO BEACH FL				E ET ADDRESS -ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		1				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete						☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	certify that the information supplied with this report or supplied with the control of supplier and s	th this filing	Delete	CITY-	ET ADDRESS -ST-ZIP	action 1	119 (07/3)(i) Florida Statutes 15	uther cert	☐ Change	Addition	

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 attachment with an address, with all other like empowered.

SIGNATURE:

772-770-0463