

4/19/0

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2001 8:00 am
Secretary of State

04-19-2001 90050 050 ***158.75

DOCUMENT # K78834

1. Entity Name

L & D NURSERY, INC.

Principal Place of Business

3160 NORTH LAKE BLVD
PALM BCH GARDENS FL 33403
US

Mailing Address

3160 NORTHLAKE BLVD.
PALM BEACH GARDENS FL 33403

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0109167

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

RIKER, WILLIAM
321 NORTHLAKE BLVD. #215
NORTH PALM BEACH FL 33408

7. Name and Address of New Registered Agent

Name Deborah L. Jarrell
Street Address (P.O. Box Number is Not Acceptable)
8661 112th Terrace, North
West Palm Beach
City Lake Park FL Zip Code 33412

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, 2001 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

Table with 6 rows for officers and directors. Each row includes Title, Name, Street Address, City-ST-ZIP, and a Delete checkbox.

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Table with 6 rows for additions or changes to officers and directors. Each row includes Title, Name, Street Address, City-ST-ZIP, and Change/Addition checkboxes.

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 of 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 like empowered.

SIGNATURE: Deborah Jarrell, Director

Date 4-16-01 Daytime Phone # 561-881-5549

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)