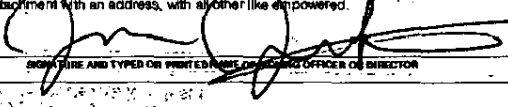


FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90988 011 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000066199			
1. Entity Name Y2J'S NURSERY & LANDSCAPE, INC.			
Principal Place of Business 10707 SW 51ST STREET FT LAUDERDALE, FL 33328		Mailing Address 10707 SW 51ST STREET FT LAUDERDALE, FL 33328	
2. Principal Place of Business		3. Mailing Address 8528 Old Country Manor	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 115	
City & State		City & State Davie, FL	
Zip	Country	Zip	Country
33328	USA	33328	USA
4. FEI Number 65-1025045		☐ CHECK HERE IF MAKING CHANGES ☐ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HAGEN, KEVIN L 3531 GRIFFIN ROAD FT LAUDERDALE, FL 33312		7. Name and Address of New Registered Agent Name Stephanie Riston Street Address (P.O. Box Number is Not Acceptable) 8528 Old Country Manor #115 City Davie FL Zip Code 33328	
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 Stephanie Riston DATE 4-1-03 (Signature of individual or printed name of registered agent and title if applicable. (NOTE: Registered Agent's Signature required when electing.)			
		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD KAUFMAN, JASON 10707 SW 51ST STREET FT LAUDERDALE, FL 33328 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD JENKS, JOHN 10707 SW 51ST STREET FT LAUDERDALE, FL 33328 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 attachment with an address, with authority like empowered.			
SIGNATURE:  DATE _____			

CR20034 (10/02)