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	Mailing Address
10707 SW 51ST STREET FT LAUDERDALE, FL 33328	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 33328 Country USA

[redacted]

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1025045 ☐ 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 4-1-03.

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			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
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CR2E034 (10/02)

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 all other like empowered.

SIGNATURE: [signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #