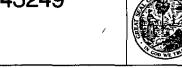
2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

DOCUMENT

P96000043249

1. Entity Name

J & K NURSERY, INC.



Principal Place of Business 14750 SW 216 ST

Mailing Address 18101 S.W. 98TH COURT MIAMI FL 33157

City & State

MIAMI	FŁ	33170
US		

City & State

2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc.



04-25-2003 90218 011 ***158.75



Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired ** Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ASCHENBRENNER, RICHARD Street Address (P.O. Box Number is Not Acceptable) 9155 S DADELAND BLVD #102 MIAMI FL 33156 Zip Code City

8. The above named entity submits this statement for the purpose of changing its registered of	ffice or registered agent, or bo	oth, in the State of Florida.	I am familiar with, and accept
the obligations of registered agent.		•	•

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

(NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution.

65-0666671

\$5.00 May Be Added to Fees

Not Applicable

OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Delete TITLE TITLE ☐ Change ☐ Addition PORTER, JOSEPH A NAME NAME STREET ADDRESS 7645 S.W. 178TH TERRACE STREET ADDRESS MIAMI FL 33157 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE PORTER, BEVERLY M NAME NAME STREET ADDRESS 7645 S.W. 178TH TERRACE STREET ADDRESS MIAMI FL-33157~-----CITY-ST-ZIP CITY-ST-ZIP-☐ Change TITLE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change TIT! F ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 of 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 of the corporation or the receiver of changed, or on an attachment with trustee empowered to execute this rep an address, with all other like empower

SIGNATURE: