

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91763 002 ***150.00

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

DOCUMENT # F00000001301
 1. Entity Name
 NURSERY SUPPLIES, INC.

DO NOT WRITE IN THIS SPACE

90128399

2. Principal Place of Business
 1415 ORCHARD DRIVE
 Suite, Apt. #, etc.

3. Mailing Address
 1415 ORCHARD DRIVE
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
 CHAMBERSBURG, PA

City & State
 CHAMBERSBURG, PA

4. FEI Number
 22-1801978

Applied For
 Not Applicable

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

Zip Country Zip Country
 17201 17201

**DO NOT WRITE
 IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
 CANDACE NORWOOD

Street Address (P.O. Box Number is Not Acceptable)
 2050 AVENUE "A"

City Zip Code
 KISSIMMEE FL 34758

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 _____ DATE _____
 Signature, typed or printed of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00
 After May 1, Fee is \$550.00
 Amended UBR is \$61.25
 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		
TITLE P NAME GUARRIELLO, THEODORE JR. STREET ADDRESS 695 CLAY HILL ROAD CITY-ST-ZIP BOYCE, VA 22620	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE CD NAME GUARRIELLO, HENRY SR. STREET ADDRESS 373 CRAIG ROAD CITY-ST-ZIP GREENCASTLE, PA 17225	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE V NAME GUARRIELLO, THEODORE J. III STREET ADDRESS 1372 SPRINGSIDE DRIVE WEST CITY-ST-ZIP CHAMBERSBURG, PA 17201	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE V NAME DELGADO, RICHARD STREET ADDRESS 7802 LYTHAN PLACE CITY-ST-ZIP IJAMSVILLE, MD 21754	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE CD NAME JONES, JEFFREY W. STREET ADDRESS 371 MOSS SPRING AVENUE CITY-ST-ZIP GREENCASTLE, PA 17225	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	

CR2E034B (12/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Jeffrey W. Jones JEFFREY W. JONES 4/10/03 717-263-7780
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #