


03
FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED

03 JAN 24 AM 8:29

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P39288**
 1. Entity Name
Central Garden & Pet Company



DO NOT WRITE IN THIS SPACE

900011135899
 01/28/03--01061--033 **150.00

2. Principal Place of Business
3697 Mt Diablo Blvd
 Suite, Apt. #, etc.
310

3. Mailing Address
3697 Mt. Diablo Blvd
 Suite, Apt. #, etc.
310

DO NOT WRITE IN THIS SPACE

City & State
Lafayette, CA

City & State
Lafayette, CA

4. FEI Number **68-0275553**

Applied For
 Not Applicable

Zip **94549** Country **USA**

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name **CT Corporation System**

Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road

City **Plantation** FL Zip Code **33324**

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 _____ (NOTE: Registered Agent signature required when installing) _____ DATE _____

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 NAME STREET ADDRESS CITY-ST-ZIP	C/D William E. Brown See Attached List	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Glenn W. Novotny See Attached List	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Stuart W. Booth See Attached List	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T P. Gregory Reams See Attached List	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	See Attached List	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)(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 on an attachment with an address, with all other like empowered.

SIGNATURE: Timothy J. Kane **Timothy J. Kane** 1-23-03 925-282-6169
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

2/12/03

