2002 UNIFORM BUSINESS REPORT (UBR)

Jan 27, 2002 8:00 am DOCUMENT # 503192 Secretary of State 1. Entity Name 01-27-2002 90024 045 ***150.00 THE PLANT FARM, INC. Principal Place of Business Mailing Address 12638 FRUITVILLE ROAD 12638 FRUITVILLE ROAD SARASOTA FL 34240 SARASOTA FL 34240 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-1667871 Not Applicable Zip Country \$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 MAX B. COKEN TRI COHEN JR, MAX B Street Address (P.O. Box Number is Not Acceptable) 3333 CATTLEMEN ROAD 10281 FRUITUILLE RO SARASOTA FL 34232 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS ☐ Delete TITLE TITLE COHEN JR. MAX B. NAME NAME COHEN JR, MAX B. 10281 FRUITVILLE Rd STREET ADDRESS STREET ADDRESS 3333 CATTLEMEN ROAD SARMSOTA, FL 34240 CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL ☐ Addition ☐ Delete TITLE TITLE NAME NAME TURNER, RICHARD STREET ADDRESS STREET ADDRESS 5004 RIVERVIEW BLVD CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME MATTHEWS JR, LAMAR A. STREET ADDRESS STREET ADDRESS 4014 RED ROCK LANE CITY-ST-ZIP CITY-ST-7IP SARASOTA FL ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

13. 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 or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: .

SIGNATURE AND TYPED OR PRINTED NAME OF

1-9-02 941-391-1199 Date Daytime Phone #

FILED