

**2001, UNIFORM BUSINESS REPORT (UBR)**

**FILED**

**Apr 30, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90383 046 \*\*\*150.00

**DOCUMENT # F96000006504**

1. Entity Name  
**VERTI-GRO, INC.**

Principal Place of Business

**720 GRIFFIN AVE  
 LADY LAKE FL 32159  
 US**

Mailing Address

**PO BOX 699  
 LADY LAKE FL 32158  
 US**

2. Principal Place of Business

**15,000 SE HWY 441**  
 Suite, Apt. #, etc.

3. Mailing Address

**15,000 SE HWY 441**  
 Suite, Apt. #, etc.

City & State

**Summerfield, FL**

City & State

**Summerfield, FL**

4. FEI Number

**84-0625628**

Applied For

Not Applicable

Zip

**34491**

Country

**USA**

Zip

**34491**

Country

**USA**

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CARPENTER, TIM D  
 15515 CR 474  
 CLERMONT FL 34711**

Name **CARPENTER, TIM D.**

Street Address (P.O. Box Number is Not Acceptable) **15,000 SE HWY 441**

City **Summerfield** FL Zip Code **34491**

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.

SIGNATURE *Tim D. Carpenter*

Signature, typed or printed name of registered agent and title applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **April 15, 2001**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.   
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P**  Delete  
 NAME **CARPENTER, TIM D**  
 STREET ADDRESS **720 GRIFFIN AVE**  
 CITY-ST-ZIP **LADY LAKE FL 32159**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **CARPENTER, BARBARA C**  
 STREET ADDRESS **720 GRIFFIN AVE**  
 CITY-ST-ZIP **LADY LAKE FL 32159**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Tim D. Carpenter* **TIM D. CARPENTER** **4/15/01** **352-347-9888**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)