2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2000 8:00 am
Secretary of State
05-16-2000 90048 019 ***150.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # P98000082023

1. Entity Name
SOLADAD NURSERY AND TREE FARM, INC.

Principal Place of Business	Mailing Address
118 N GAINES ST OAK HILL FL 32759 US	403 EAST HALIFAX AVE. OAKHILL FL 32759-9487 US

2. Principal Place of Business	3. Mailing Address
403 East Halifax	403 E. Halifax Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: OAK Hill, Fl	City & State: OAK Hill, Fl
Zip: 32759 Country: USA	Zip: 32759 Country: USA

4. FEI Number 59-3557216 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DEWEES, LINDA
403 EAST HALIFAX AVE.
OAKHILL FL 32759

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 Linda Dewees DATE 4-28-00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	T DEWCES, LINDA 403 E HALIFAX AVE OAK HILL FL 32759	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (9/99)

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: Linda Dewees 4-28-00 pager 321-453-9226
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #