

DOCUMENT # P99000029265

1. Entity Name

ANDY'S GREEN THUMB CO.

FILED
Apr 18, 2000 8:00 am
Secretary of State

01-19-2000 90274 030 \*\*\*150.00

Principal Place of Business

Mailing Address

9821 NW 23 COURT
CORAL SPRINGS FL 33065

9821 NW 23 COURT
CORAL SPRINGS FL 33065-4927

2. Principal Place of Business

9821 NW 23ct

3. Mailing Address

9821 NW 23ct

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Coral Springs FL

City & State

Coral Springs FL

4. FEI Number

Applied For
Not Applicable

Zip

33065

Country

Broward

Zip

33065

Country

Broward

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

HAGEN, KEVIN L
3990 SHERIDAN ST STE 104
HOLLYWOOD FL 33021

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

[Signature]

1-13-00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

Table with 3 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Row 1: PSD BLECKER, ANDREW, 9821 NW 23 COURT, CORAL SPRINGS FL 33065.

Table with 3 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Includes checkboxes for Change and Addition.

13. 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...

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-00

Date

Daytime Phone #

CR2E034 (9/99)