

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 27, 2000 8:00 am**  
**Secretary of State**

04-27-2000 90066 027 \*\*\*150.00

**DOCUMENT # K68077**

1. Entity Name  
**FLORACULTURE PLUS, INC.**

Principal Place of Business

Mailing Address

DOUGLAS M. BUCHWALTER  
 1172 BROWNELL ST.  
 CLEARWATER FL 34616

% DOUGLAS M. BUCHWALTER  
 1172 BROWNELL ST.  
 CLEARWATER FL 33756-5707

2. Principal Place of Business

3. Mailing Address

10750 Endeavour Way  
 Suite, Apt. #, etc. Suite B

14530 Oliver St  
 Suite, Apt. #, etc.

City & State  
 Largo FL

City & State  
 Largo FL

Zip 33777 Country Pinellas

Zip 33774 Country Pinellas

4. FEI Number 59-2932329

Applied For  
 Not Applicable

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

BUCHWALTER, DOUGLAS M.  
 1172 BROWNELL ST.  
 CLEARWATER FL 34616

Name Robin Bass

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

14530 Oliver St

City Largo

FL

Zip Code 33774

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

*Robin Bass*

Robin Bass, Secretary-Treasurer

4/19/00

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	BASS, ALBERT SPENCER III	
STREET ADDRESS	14530 OLIVER ST.	
CITY-ST-ZIP	LARGO FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	BASS, ROBIN	
STREET ADDRESS	14530 OLIVER ST	
CITY-ST-ZIP	LARGO FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Robin Bass*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/00  
 Date

727/545 0887  
 Daytime Phone #

CR2E034 (9/99)