

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 513285**

1. Entity Name

SINCLAIR LANDSCAPE NURSERY, INC.**FILED**
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90037 015 ***150.00

905636

DO NOT WRITE IN THIS SPACE

Principal Place of Business

**11011 HAGEN RANCH ROAD
BBOYNTON BEACH FL 33437**

Mailing Address

**11011 HAGEN RANCH ROAD
BBOYNTON BEACH FL 33437-4005**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1687528Applied For
Not Applicable

5. Certificate or Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SINCLAIR, DAVID
11011 HAGEN RANCH ROAD
BBOYNTON BEACH FL 33437**

Name

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

City

7. Name and Address of New Registered Agent

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, 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	SINCLAIR, DAVID	
STREET ADDRESS	15835 IMPERIAL PT LANE	
CITY-ST-ZIP	W PALM BEACH FL	

TITLE	DS	<input type="checkbox"/> Delete
NAME	SINCLAIR, SUSAN	
STREET ADDRESS	15835 IMPERIAL PT LANE	
CITY-ST-ZIP	W PALM BEACH FL	

TITLE	V.P.D.	<input type="checkbox"/> Delete
NAME	ANDERSON, George	
STREET ADDRESS	824 Lake Wellington DR	
CITY-ST-ZIP	WILLINGTON FL 33414	

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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/18/00 561-7376909