2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2002 8:00 am
Secretary of State
04-23-2002 90343 011 ***150.00

DOCUMENT # 574083

1. Entity Name
MT. PLYMOUTH GREENHOUSES, INC.

Principal Place of Business	Mailing Address
209 CONROD ROAD PLYMOUTH FL 32768	N HIGHWAY 435 P.O. BOX 2225 APOPKA FL 32704-2225 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
		P.O. Box 635	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State: Plymouth FL	
Zip	Country	Zip: 32768-0635	Country: Orange

4. FEI Number 59-1827274 ☐ 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
AMBS, WILLIAM 6238 MT PLYMOUTH RD APOPKA FL 32712	Name Street Address (P.O. Box Number is Not Acceptable) 2451 E. Crooked Lake Club Blvd. City Eustis **FL** Zip Code 32726

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, 2002 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	PD AMBS, WILLIAM 6238 MT PLYMOUTH RD APOPKA FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 2451 E. Crooked Lake Club Blvd. Eustis, FL 32726
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S AMBS, PATRICIA 6238 MT PLYMOUTH RD APOPKA FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 2451 E. Crooked Lake Club Blvd. Eustis, FL 32726
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: William A. Ambs REQUIRED — 2-13-02 — 407-886-1889
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (9/01)