2000 UNIFORM BUSINESS REPORT (UBR)

Apr 22, 2000 8:00 am Secretary of State DOCUMENT # 609843 1. Entity Name COUNTRY JOE'S NURSERY, INC. 04-22-2000 90029 003 ***150.00 Principal Place of Business Mailing Address 9177 LAWRENCE RD. 9177 LAWRENCE RD. **BOYNTON BCH FL 33436-2656** BOYNTON BCH FL 33436-2739 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 59-1889636 Not Applicable Country \$8.75 Additional Zip П 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ENGLERT, DAVID M. Street Address (P.O. Box Number is Not Acceptable) 9177 LAWRENCE ROAD **BOYNTON BCH FL 33436-2739** Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition TITLE ☐ Delete TITLE ENGLERT, DAVID NAME NAME STREET ADDRESS 9177 LAWRENCE ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOYNTON BEACH FL 33436** Addition Change TITLE ☐ Delete ENGLERT, DAVID NAME NAME STREET ADDRESS 9177 LAWRENCE RD STREET ADDRESS CITY-ST-ZIP BRENDATION BCH, FZ 33436 SEERETHRY **BOYNTON BEACH FL 33436** CITY-ST-7IP RENDA ENGLERT 145 DORRIT AVE 2RTAR NAME ≈ ~~ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE STREET ADDRESS STREET ADDRESS

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

CITY-ST-ZIP