## 2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Jan 19, 2000 8:00 am Secretary of State DOCUMENT # 626671 1. Entity Name PLANTS AND DECKS, INC. 01-19-2000 90109 003 \*\*\*150.00 Principal Place of Business Mailing Address 1998 LYNNWOOD CT. 1998 LYNNWOOD CT. DUNEDIN FL 34698 DUNEDIN Ft. 34698-2857 901040 2. Principal Place of Business 3. Mailing Address 2065 Hunters Glen Dr. 2065 Hunters Glen Dr # Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State FL 4. FEI Number Applied For Dunedin, FL 59-1915295 Not Applicable Zip 34698 =-Country Country \$8.75 Additional 5. Certificate of Status Desired $\Box$ 34698 ----Pinellas Pinellas Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BOYTON, ROBERT A. Street Address (P.O. Box Number is Not Acceptable) 1998 LYNNWOOD CT. 2065 Hunters Glen Dr. # 405 **DUNEDIN FL 34698** City Dunedin 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 FILE NOW!!! FEE IS \$150.00 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 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete TITLE BOYNTON, ROBERT A. NAME .... Annegg 1998 LYNNWOOD CT. STREET ADDRESS 2065 Hunters Glen Dr. #405 Dunedin, FL 34698 ST-ZIP **DUNEDIN FL** CITY-ST-ZIP STD ☐ Delete TITLE ☐ Addition BOYNTON, BONNIE J. NAME 2065 Hunters Glen Dr. #405 1998 LYNNWOOD CT. STREET ADDRESS Dunedin, FL 34698 ST-ZIP DUNEDIN FL CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition NAME .::: : <u>ANN</u>9ESS STREET ADDRESS ST ZIP CITY-ST-ZIP □ Delete ☐ Change ☐ Addition NAME 413001.00 STREET ADDRESS ST-7IP CITY-ST-ZIP □ Delete TITLE Change Addition NAME ADDDEÇÇ STREET ADDRESS ST ZIP CITY-ST-ZIF ☐ Delete TITLE □ Change ☐ Addition STREET ADDRESS CITY-ST-ZIP 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.

**#GNATURE:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR