2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

GNATURE AND

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

Date

FILED Jan 29, 2001 8:00 am Secretary of State **DOCUMENT # F46888** 1. Entity Name MORNINGSTAR NURSERY, INC. 01-29-2001 90097 041 ***150.00 Principal Place of Business Mailing Address 14600 STARKEY RD. DELRAY BCH., FL 33446 14600 Starkey Rd. Delray BCH., Fl 33446 DELRAY BEACH FL 33446 PO BOX 480217 DELRAY BCH. FL 33484-7337 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Applied For 4. FEI Number 59-2131829 Not Applicable \$8.75 Additional Zip Zip Country Country 5. Certificate of Status Desired \Box Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name OKEAN, JACK M. Street Address (P.O. Box Number is Not Acceptable) 14600 STARKEY ROAD DELRAY BCH. FL 33446 City Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 11. OFFICERS AND DIRECTORS 12. Change ☐ Addition ☐ Delete TITLE TITLE OKEAN, PAUL Z NAME NAME STREET ADDRESS 14600 STARKEY ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DELRAY BCH. FL Addition TITLE ☐ Delete ☐ Change OKEAN, JACK M. NAME NAME STREET ADDRESS 14600 STARKEY ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DELRAY BCH. FL TITLE Change ☐ Addition TITLE ☐ Delete NAME NAME . STREET ADORESS STREET ADDRESS CITY-ST-ZÎP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 supplied ental 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.