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2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)		May 02, 2003 8:0
CLIMENT #	F9900001526 N/A	Secretary of Sta

05-02-2003 90284 001 ***300.00 1. Entity Name PLANT FIND.COM, INC. Principal Place of Business Mailing Address 2240 WEST WOODBRIGHT AVE 2240 WEST WOODBRIGHT AVE 928 411 323 **BOYNTON BEACH FL 33426** BOYNTON BEACH FL 33426 US US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 65-0902821 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. CCEO TITLE Delete TITLE ☐ Change ☐ Addition FERRARO, FRANK C SR. NAME NAME 11192 WINDING PEARL WAY STREET ADDRESS STREET ADDRESS WELLINGTON FL 33414 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE CP TITLE Change Addition FERRARO, MICHEAL A NAME NAME 11192 WINDING PEARL WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WELLINGTON FL 33414 Delete TITLE TITLE ☐ Change ☐ Addition NAME CENTOLELLA, RICHARD NAME STREET ADDRESS 11192 WINDING PEARL WAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WELLINGTON FL 33414 TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 suppliemental 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 10 or Block 11 if changed, or on an at(achm

SIGNATURE