

DOCUMENT # G75726							
1. Entity Name <div style="font-size: 1.2em; font-weight: bold;">L & H NURSERY, INC.</div>							
Principal Place of Business 10750 ANTHONY GROVES RD. WEST PALM BEACH FL 33414				Mailing Address 10750 ANTHONY GROVES RD. WEST PALM BEACH FL 33414-4301			
2. Principal Place of Business				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent							
<div style="font-weight: bold;">LEE, JEFF</div> <div style="font-weight: bold;">10750 ANTHONY GROVES RD.</div> <div style="font-weight: bold;">WEST PALM BEACH FL 33414</div>						Name	
						Street Address	
						City	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.							
<div style="display: flex; justify-content: space-between;"><div>SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small></div><div>(NOTE: Registered Agent signature required)</div></div>							
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>				<div style="font-weight: bold;">FILE NOW!!! FEE IS \$150.00</div> <div style="font-weight: bold;">After MAY 1, 2000 Fee will be \$550.00</div> <div style="font-weight: bold;">Make Check Payable to Department of State</div>			
11. OFFICERS AND DIRECTORS							
TITLE		<div style="font-weight: bold;">P</div> <div style="font-weight: bold;">LEE, DAVID</div> <div style="font-weight: bold;">10121 CALUMET LANE</div> <div style="font-weight: bold;">LAKE WORTH FL 33467</div>		<input type="checkbox"/> Delete		TITLE	
NAME							
STREET ADDRESS							
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<div style="font-weight: bold;">VPT</div> <div style="font-weight: bold;">LEE, JEFF</div> <div style="font-weight: bold;">10121 CALUMET LANE</div> <div style="font-weight: bold;">LAKE WORTH FL 33467</div>		<input type="checkbox"/> Delete		TITLE	
NAME							
STREET ADDRESS							
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE				<input type="checkbox"/> Delete		TITLE	
NAME							
STREET ADDRESS							
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE				<input type="checkbox"/> Delete		TITLE	
NAME							
STREET ADDRESS							
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE				<input type="checkbox"/> Delete		TITLE	
NAME							
STREET ADDRESS							
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE				<input type="checkbox"/> Delete		TITLE	
NAME							
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 601.2 of the Florida Statutes, and that the information is true and accurate and that my signature shall have the same effect as if signed by the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, F.S., changed, or on an attachment with an address, with all other like empowered.							
<div style="display: flex; justify-content: space-between;"><div>SIGNATURE: _____</div><div><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small></div></div>							

03-20-2000 90056 025 ***150.00

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DO NOT WRITE IN THIS SPACE

City & State		City & State		4. FEI Number 59-2353351		Applied For	
						Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
LEE, JEFF 10750 ANTHONY GROVES RD. WEST PALM BEACH FL 33414		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

<p>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/></p>	<p align="center">FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State</p>	<p>10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p>
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEE, DAVID 10121 CALUMET LANE LAKE WORTH FL 33467	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT LEE, JEFF 10121 CALUMET LANE LAKE WORTH FL 33467	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone #

CE 102, 103, 104, 105