

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 02, 2003 8:00 am
Secretary of State

05-02-2003 90094 044 ***150.00

DOCUMENT # H91908

1. Entity Name
SARA'S GARDENS, INC.



Principal Place of Business
**4630 WEST LANTANA ROAD
LAKE WORTH FL 33463**

Mailing Address
**4630 WEST LANTANA ROAD
LAKE WORTH FL 33463**

55045561



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business **4630 W. LANTANA RD** 3. Mailing Address **4630 W. LANTANA RD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
LAKE WORTH, FL

City & State
LAKE WORTH, FL

4. FEI Number **59-2628366**

Applied For
☐ Not Applicable

Zip **33463**

Country **USA**

Zip **33463**

Country **USA**

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WALPOLE, HENRY W
4630 W. LANTANA RD
LAKE WORTH FL 33463**

Name **J. HONIE WALPOLE**

Street Address (P.O. Box Number is Not Acceptable)
4791 61st St. S.

City **LAKE WORTH** FL Zip Code **33463**

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 **J. Honie Walpole, Pres**

DATE **5/29/03**

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **WALPOLE, HENRY W.**
STREET ADDRESS **4630 W LANTANA ROAD**
CITY-ST-ZIP **LAKE WORTH FL 33463**

☐ Change ☐ Addition

TITLE **DPTS** ☐ Delete
NAME **WALPOLE, J. HONIE**
STREET ADDRESS **4630 W LANTANA ROAD**
CITY-ST-ZIP **LAKE WORTH FL 33463**

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **J. Honie Walpole**

DATE **4/23/03**

DAYTIME PHONE # **561-967-4486**

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

Daytime Phone #

CR2E034 (10/02)