2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J73748

Entity Name

ROLLING OAKS NURSERY, INC

05-04-2000 90105 031 ***150.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUN 14 PM 3:00

Principal Place of Business

5722 S. FLAMINGO RD SUITE 234
FORT LAUDERDALE, FL 33330

Mailing Address

SAME

2. Principal Place of Business	3. Mailing Address
5722 S. Flamingo Rd #234	
Suite, Apt. #, etc. 234	Suite, Apt. #, etc. SAME
City & State Ft. Laud, FL	City & State
Zip 33330 Country USA	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0002282 ☐ Applied For ☐ Not Applicable

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
TRENT LANA R 5722 S. FLAMINGO RD SUITE 234 FORT LAUDERDALE, FL 33330	Name Conner, R.E. Street Address (P.O. Box Number is Not Acceptable) 410 N.W. 74th Ave City Plantation FL Zip Code 33317

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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
☐ Delete Pres TRENT, LANA RUSS 5722 S. FLAMINGO RD SUITE 234 FORT LAUDERDALE, FL 33330	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
☐ Delete T, Derek Russ 18337 S.W. 48th St Ft. Laud, FL 33331	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☒ Addition 6/14

CR2E034 (9/99)

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: _____ 4/28/00 954-563-3107

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #