2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **K39370** May 12, 2000 8:00 am Secretary of State 1. Entity Name S & W NURSERY II. INC. 05-12-2000 90034 041 ***150.00 Principal Place of Business Mailing Address C/O STEVEN WOLF C/O STEVEN WOLF 288-Z SMITH SUNDAY ROAD 288-Z SMITH SUNDAY ROAD DELRAY BEACH FL 33446 DELRAY BEACH FL 33446 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0107863 Not Applicable 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 Name MOMBACH, GEOFFREY S., ESQ. Street Address (P.O. Box Number is Not Acceptable) MOMBACH, BOYLE & HARDIN, P.A. 500 EAST BROWARD BLVD., SUITE 1950 FT. LAUDERDALE FL 33394 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. SIGNATURE DATE 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 Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees П (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS Addition PD TITLE TITLE □ Delete WOLF, STEVEN NAME NAME STREET ADDRESS 288-Z SMITH SUNDY ROAD STREET ADDRESS CITY-ST-ZIP 3344 W CITY-ST-ZIP **DELRAY BEACH FL** ☐ Addition ☐ Delete TITLE Weisinger, Albert NAME 1575 OCEAN LANE #278 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE FL CITY-ST-ZIP Addition Change Delete TITLE TITLE LEGUM, E. WAYNE NAME NAME 10570 Hagen Ranch Rasa Bounton Beach, FL 33437 6284 W. BOYNTON BCH. BL. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BOYNTON BEACH FL** CITY-ST-ZIP ☐ Change ✓ Addition TITLE ☐ Delete TITLE GIRARDI, ALFRED NAME NAME STREET ADDRESS STREET ADDRESS 75 JACKSON AVENUE 1177/ CITY-ST-ZIP SYOSSET NY CITY-ST-ZIP TITLE ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Сhange ☐ Addition TITLE ☐ Delete 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 supplemental popular 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 of these 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 a latter same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of these empowered.