

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000016275

1. Entity Name

FLORIDA PLANT CULTURE, LLC

Principal Place of Business

4050 BRITT ROAD
MOUNT DORA, FL 32757

Mailing Address

FILED

01 FEB 12 PM 12:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

4050 BRITT ROAD

3. Mailing Address

4050 BRITT ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MOUNT DORA, FL

City & State

MOUNT DORA, FL

4. FEI Number

65-0436082

Applied For

Not Applicable

Zip

Country

32757

USA

Zip

32757

Country

USA

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ASHISH N. KARVE
4050 BRITT ROAD
MOUNT DORA, FL 32757

7. Name and Address of New Registered Agent

Name ASHISH N. KARVE

Street Address (P.O. Box Number is Not Acceptable)

4050 BRITT ROAD

City MOUNT DORA

FL

Zip Code 32757

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/8/2001

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

6000003743986--0

-02/20/01--01103--014

*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE NAME ☐ Delete

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete

STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

ASHISH KARVE

2/8/2001

Date

Daytime Phone #

352 385 1583

CR2E083 (11/00)