

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 06, 2003 8:00 am
Secretary of State

01-06-2003 90040 007 ***150.00

DOCUMENT # L21929



1. Entity Name
THE PLANT CONNECTION, INC.

Principal Place of Business
**3960 PLYMOUTH-SORRENTO RD
APOPKA FL 32712**

Mailing Address
**P O BOX 247
CLARCONA FL 32710**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2974511**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**WEST, ALDEN, R., JR
1412 FOXFIRE DRIVE
APOPKA FL 32712**

Name

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

City

FL

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 Delete
NAME **PVD WEST, ALDEN R JR**
STREET ADDRESS **6280 LAKEVILLE RD**
CITY-ST-ZIP **ORLANDO FL**

TITLE Change Addition
NAME **PTD WEST, ALDEN R. JR**
STREET ADDRESS **1412 FOXFIRE DRIVE**
CITY-ST-ZIP **APOPKA, FL 32712**

TITLE Delete
NAME **STD WEST, LISA, M**
STREET ADDRESS **6280 LAKEVILLE RD**
CITY-ST-ZIP **ORLANDO FL**

TITLE Change Addition
NAME **SD WEST, LISA M.**
STREET ADDRESS **1412 FOXFIRE DRIVE**
CITY-ST-ZIP **APOPKA, FL 32712**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME **VO FOSTER, STEVEN B.**
STREET ADDRESS **8221 SORBAS COURT**
CITY-ST-ZIP **ORLANDO, FL 32836**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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, 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: _____

ALDEN R. WEST JR

1/3/03

407-296-6674

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)