## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

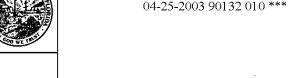
## M50836 **DOCUMENT #**

1. Entity Name

FLORIDA INTERIOR PLANTS, CORP.

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COD V	EIN

## Apr 25, 2003 8:00 am \$ Secretary of State > **FILED**



					1	<b>/</b>			
Principal Place of Business 6410 MT. PLYMOUTH RD. APOPKA FL 32712			Mailing Address PO BOX 1655 APOPKA FL 32704						
2. Principal Place of Business			3. Mailing Address			1 1001001/101001/10100111 00101 10100 111/6 0111/QUU, QUUL BIRKI 1800A 1816H 818H			
Suite, Apt. #, etc.			Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES		
City & State			City & State		4. 1	FEI Number 65-0033902 Applied I Not Appl			
Zip	Country Zip Cou			Count	ry	5. Certificate of Status Desired \$8.75 Additional Fee Required			
	6. Name and Add	ess of Current Register	ed Agent		- 7. Name and Address of New Registered Agent				
					Name				
Maland, Robert C. 9100 South Dadeland Blvd.			Street Address			s (P.O. B	(P.O. Box Number is Not Acceptable)		
ONE DAT	RAN-CENTER 1409							!	
MIAMI FL	33156				City		FL Zip Code		
	named entity submits tions of registered agen		oose of changing its	registere	d office or regis	tered ag	gent, or both, in the State of Florida. I am familiar with, and ac	cept	
SIGNATURE .	Signature, typed or printed name	ne of registered agent and title if ap	olicable. (NOTi	E: Registered	Agent signature requ	ired when re	einstaling) 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 \$5.00 May Trust Fund Contribution.  Added to Fed	es		
10.	OFFICERS AND DIRECTORS			11.		AD	ODITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAI, WAYNE \$ 6410 MT PLYMOUTH RD. APOPKA FL 32712		☐ Delete				☐ Change ☐ A	ddition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVELYN, JIM		☐ Delete		i		☐ Change ☐ A	ddition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Tr.:	¯ ☐ Delete¯		I .	_ :	Change A	ddition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		I .		☐ Change ☐ A	ddition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete				☐ Change ☐ A	ddition	
TITLE Name Street address City-St-Zip			□ Delete .		I		☐ Change ☐ A	ddition	

12. I hereby certify that the information supplied with this filling 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: