

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90015 001 ***150.00

DOCUMENT # M95059

1. Entity Name

THE PLANTSMITH, INC.

Principal Place of Business

Mailing Address

~~404 NW 7TH ST~~
~~BOYNTON BCH FL 33426~~
~~US~~

~~404 NW 7TH ST~~
~~BOYNTON BCH FL 33426-3623~~
~~US~~

010000

2. Principal Place of Business

3. Mailing Address

1555 Folsom Road
 Suite, Apt. #, etc.

1555 Folsom Road
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

Loxahatchee, FL

Loxahatchee, FL

4. FEI Number

65-0069831

Applied For

Not Applicable

Zip

Country

Zip

Country

33470

Palm Bch

33470

Palm Beach

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

Name

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

City

FL

Zip Code

~~CONNOR, DONALD C.~~
~~404 NORTH WEST 7TH CCOURT~~
~~BOYTON BEACH FL 33436~~

**CHANGE
 OF ADDRESS
 (See Above)**

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

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	CONNOR, JOAN A.	
STREET ADDRESS	404 N.W. 7TH COURT	
CITY-ST-ZIP	BOYTON BEACH FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	CONNOR, DONALD C.	
STREET ADDRESS	404 N.W. 7TH CCOURT	
CITY-ST-ZIP	BOYTON BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 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:

Joan A. Connor

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-17-00

Date

(561) 753-9649

Daytime Phone #

CR2E034 (9/99)