2002 UNIFORM BUSINESS REPORT (UBR)

FILED Sep 04, 2002 8:00 am Secretary of State

DOCUMENT # N1	1240	

05-06-2002 90271 041 ****61.25 1. Entity Name ALLIED ORCHID AND BROMELIAD EXHIBITORS, INC. Principal Place of Business Mailing Address 17711 130 AVE. N. 17711 130 AVE. N. JUPITER FL 33478 JUPITER FL 33478 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2798561 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) PRIESS, NANCY 17711 130 AVE. N. JUPITER FL 33478 City 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. () NO SIGNATURE (NOTE: Registered Agent signature required when reinstating) After September 13, 2002, 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be Trust Fund Contribution. min. will be \$236.25; Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 KOWOLOSKI, KAREN & Change Addition 2017 NE 13+L Av. 010 TITLE Delete TITLE PLD JUDD, KENNI NAME NAME STREET ADDRESS STREET ADDRESS 18988 JUNO ISLES BLVD. ape Coral, F/a. 33909 CITY-ST-ZIP NORTH PALM BEACH FL CHTY-ST-ZIP JUNO TSLES BIND VAID **VPD** TILE ONO TITLE JU DD. NAME KOWALOSKI, KAREN NAME STREET ADDRESS 2017 NE 13TH AVE STREET-ADORESC CITY-ST-ZIP CITY-ST-ZIF CAPE CORAL FL 33909 NORTH POLM BEACH, ALG ? TITLE Delete TITLE PRIESS, NANCY NAME NAME STREET ADDRESS 17711 130TH AVE. N. STREET ADDRESS CITY-ST-ZIP JUPITER FL 33478 CITY-ST-ZIP 308 CASHEN Change Addition
1701 S.E CYPRESS PARK LAWE Delete TARLE TITLE Addition BYAQ, BILL NAME NAME 6302 GREEN ROAD STREET ADDRESS STREET ADDRESS Jupiter, Fla. 33478 CITY-ST-ZIP LAKELAND FL 33810 CITY-ST-ZIP TITLE Delete TITLE William L Hill Addition TAYLOR, BILL NAME NAME 615T Ct. 4745 STREET ADDRESS 23201 N RIVER ROAD STREET ADDRESS CITY- ST-21P 4[va fe 33920 CITY-ST-7IP TIFLE ☐ Delete DILE NAME NAME STREET ADDRESS STREET ADDRESS CJTY-ST-ZIP 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 or trustee empowered to execute this report as required by Chapter 617, 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:

MOVATURE REQUIRED

7-8-02 (561) 747-9709

Daytime Phone #

NOT-FOR-PROFIT CORPORATION

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2. Principal 17 Suite, Apr	Place of Business 7 1 130 412 N t. #. etc.	3. Mailing Address 177(1/3 Suite, Apt. #, etc.	O Ave	V	DO NOT WRITE IN THIS	SPACE
City & Sta	tec FC.	City & State	FL	4. FEI Num	ber	Applied For Not Applicable
Zip 33	Y78 Country	^{zip} 33478	Country		e of Status Desired	\$8.75 Additional Fee Required—
			Name	7 Name and	Address of Current Registere	d Agent
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After the Law Later	e named entity submits this statement for the		登記してい	n.fer	FL	- Zip Code - 33 4 78
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SIGNATURE:

8-28-02 561 748 1796