

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 06, 2001 8:00 am**  
**Secretary of State**

09-06-2001 90266 037 \*\*\*550.00

0108978 AT

**DOCUMENT # P00000003991**

1. Entity Name  
**THE PLANT STAND, INC.**

Principal Place of Business  
**7929 BLANDING BOULEVARD**  
**JACKSONVILLE FL 32244**

Mailing Address  
**7929 BLANDING BOULEVARD**  
**JACKSONVILLE FL 32244**

00000114



2. Principal Place of Business  
**9140 Hecksher Dr**  
 Suite, Apt. #, etc.

3. Mailing Address  
**P.O. BOX 441603**  
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**JACKSONVILLE FL**  
 Zip  
**32226**

City & State  
**JACKSONVILLE FL**  
 Zip  
**32222**

4. FEI Number  
**59-3605964**  
 Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**RODRIGUEZ, ANN C**  
**8487 BLUESTEM CT.**  
**JACKSONVILLE FL 32244**

7. Name and Address of New Registered Agent  
 Name  
**HAROLD J. KEINATH**  
 Street Address (P.O. Box Number is Not Acceptable)  
**9140 HECKSCHER DR**  
 City  
**JACKSONVILLE FL** Zip Code  
**32226**

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 **President**

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

(NOTE: Registered Agent signature required when reinstating)

DATE  
**08/14/01**

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <b>ANN C. RODRIGUEZ</b> <b>8487 BLUESTEM CT</b> <b>JACKSONVILLE FL 32244</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <b>HAROLD J. KEINATH</b> <b>9140 HECKSCHER DR</b> <b>JACKSONVILLE, FL 32226</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 reports 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:

**ANN C. RODRIGUEZ**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE  
**08/14/01**  
 DAYTIME PHONE #  
**(904) 545-5531**

CR2F034 (5/01)