

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 10, 2002 8:00 am
Secretary of State

05-02-2002 90005 005 ***150.00

DOCUMENT # P00000009612

1. Entity Name

HOUSE OF PLANTS.COM, CORPORATION

Principal Place of Business

10100 WEST SAMPLE ROAD #303
CORAL SPRINGS FL 33065

Mailing Address

PO BOX 8765
CORAL SPRINGS FL 33075

92195



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

APPLIED FOR

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

ZWICK, MATTHEW J

10100 WEST SAMPLE RD. #303

CORAL SPRINGS FL 33065

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.

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, 2002 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 ☐ Delete
NAME P
STREET ADDRESS ZWICK, MATTHEW J
CITY-ST-ZIP 12486 CLASSIC
CORAL SPRINGS FL 33079

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME VP
STREET ADDRESS PAYCHER, MICHAEL
CITY-ST-ZIP 10100 WEST SAMPLE #103
CORAL SPRINGS FL 33065

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)

Attachment 92195
P000000009612

We have * Copy enclosed
Applied for
The Fei #
We have not received
as of 6/6/02. Will
forward the # as
soon as we get it
Thanks

Attachment
Document # 92195
000000009612

Form **SS-4**

(Rev. December 2001)
Department of the Treasury
Internal Revenue Service

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

▶ See separate instructions for each line. ▶ Keep a copy for your records.

EIN

OMB No. 1545-0003

Type or print clearly.	1 Legal name of entity (or individual) for whom the EIN is being requested House of Plants.com Corporation	3 Executor, trustee, "care of" name
	2 Trade name of business (if different from name on line 1)	
	4a Mailing address (room, apt., suite no. and street, or P.O. box) PO BOX 8765	5a Street address (if different) (Do not enter a P.O. box.) 10100 West Sample #102
	4b City, state, and ZIP code Coral Springs FL 33075	5b City, state, and ZIP code Coral Springs FL 33065
	6 County and state where principal business is located Broward	
	7a Name of principal officer, general partner, grantor, owner, or trustee Matthew Zwick	7b SSN, ITIN, or EIN

8a Type of entity (check only one box)	<input type="checkbox"/> Estate (SSN of decedent)	
<input type="checkbox"/> Sole proprietor (SSN)	<input type="checkbox"/> Plan administrator (SSN)	
<input type="checkbox"/> Partnership	<input type="checkbox"/> Trust (SSN of grantor)	
<input checked="" type="checkbox"/> Corporation (enter form number to be filed) ▶ P 00000009612	<input type="checkbox"/> National Guard	<input type="checkbox"/> State/local government
<input type="checkbox"/> Personal service corp.	<input type="checkbox"/> Farmers' cooperative	<input type="checkbox"/> Federal government/military
<input type="checkbox"/> Church or church-controlled organization	<input type="checkbox"/> REMIC	<input type="checkbox"/> Indian tribal governments/enterprises
<input type="checkbox"/> Other nonprofit organization (specify) ▶	Group Exemption Number (GEN) ▶	
<input type="checkbox"/> Other (specify) ▶		

8b If a corporation, name the state or foreign country (if applicable) where incorporated	State	Foreign country
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9 Reason for applying (check only one box)	<input type="checkbox"/> Banking purpose (specify purpose) ▶
<input checked="" type="checkbox"/> Started new business (specify type) ▶ internet retail sales	<input type="checkbox"/> Changed type of organization (specify new type) ▶
<input type="checkbox"/> Hired employees (Check the box and see line 12.)	<input type="checkbox"/> Purchased going business
<input type="checkbox"/> Compliance with IRS withholding regulations	<input type="checkbox"/> Created a trust (specify type) ▶
<input type="checkbox"/> Other (specify) ▶	<input type="checkbox"/> Created a pension plan (specify type) ▶

10 Date business started or acquired (month, day, year) 9/15/02	11 Closing month of accounting year N/A
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12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)	N/A
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13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "-0-."	Agricultural	Household	Other
	0		

14 Check one box that best describes the principal activity of your business.	<input type="checkbox"/> Health care & social assistance	<input checked="" type="checkbox"/> Wholesale-agent/broker
<input type="checkbox"/> Construction	<input type="checkbox"/> Accommodation & food service	<input type="checkbox"/> Wholesale-other
<input type="checkbox"/> Rental & leasing	<input type="checkbox"/> Other (specify)	<input checked="" type="checkbox"/> Retail
<input type="checkbox"/> Transportation & warehousing		
<input type="checkbox"/> Real estate		
<input type="checkbox"/> Manufacturing		
<input type="checkbox"/> Finance & insurance		

15 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided Finished Plant Products and Accessories	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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16a Has the applicant ever applied for an employer identification number for this or any other business? Note: If "Yes," please complete lines 16b and 16c.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above: Legal name ▶ Z Plants INC. Trade name ▶ Same	
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16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known. Approximate date when filed (mo., day, year) ▶ 1/91 City and state where filed ▶ Coral Springs, FL Previous EIN ▶ 65-0231773	
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Third Party Designee	Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.	Designee's telephone number (include area code): ()
	Designee's name	Designee's fax number (include area code): ()
	Address and ZIP code	

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.	Applicant's telephone number (include area code): (954) 344-5405
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Name and title (type or print clearly) ▶ Matthew Zwick	Applicant's fax number (include area code): (954) 344-1514
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Signature ▶ [Signature]	Date ▶ 6/1/02
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