2001 UNIFORM BUSINESS REPORT (UBR)

May 11, 2001 8:00 am Secretary of State DOCUMENT # P0000028449 BROOKS TROPICAL NURSERY, INC. 05-11-2001 90033 005 ***150.00 Principal Place of Business Mailing Address 18400 S.W. 256 ST. 18400 S.W. 256 ST HOMESTEAD FL 33090 HOMESTEAD FL 33090 2. Principal Place of Business 3. Mailing Address P.O. BOX 900160 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number 1012082 City & State Applied For Not Applicable 3309c - 0160 Country ^{Zip}33031 Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CORPORATION COMPANY OF MIAMI Street Address (P.O. Box Number is Not Acceptable) 201 S. BISCAYNE BLVD., 1600 MIAMI CENTER **MIAMI FL 33131** City Zip Code - T 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, typed or printed name of registereo agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS P/5 -Ar Change ☐ Addition TITLE TITLE ☐ Delete BROOKS, N.P. SR NAME NAME STREET ADDRESS STREET ADDRESS 18400 S.W. 256 ST. CITY-ST-ZIP CITY-ST-ZIP HOMESTEAD FL 33090 Addition Delete TITLE Change TITLE WHEELING, CRAIG 18400 S.W. 256 St. HOMESTEAD, FL 33931 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NUTTER NANCY 18400 S.W. 256 St. NAME NAME STREET ADDRESS STREET ADDRESS HOMESTEAD, FL 33031 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS ÇITY-ST-ZIP 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER CONTRECTOR

N.P. Brooks H-250

305-247-354

Daytime Phone #

FILED