

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 18, 2002 8:00 am
Secretary of State

02-18-2002 90156 037 ***158.75

DOCUMENT # P00000029723

1. Entity Name

INTERSTATE PLANT AND TREE, INC.

Principal Place of Business

**4253 W. KENNEDY BLVD
TAMPA FL 33609**

Mailing Address

**4253 W. KENNEDY BLVD
TAMPA FL 33609**

2. Principal Place of Business

1411 N. Westshore Blvd

Apt. #, etc.

Suite 300

City & State

Tampa, FL

Zip

33607

Country

USA

3. Mailing Address

1411 N. Westshore Blvd

Suite, Apt. #, etc.

Suite 300

City & State

Tampa, FL

Zip

33607

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3631797

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HUDSON, GLORIA
3205 W. KNIGHTS AVE.
TAMPA FL 33611**

7. Name and Address of New Registered Agent

Name **Gloria Hudson Higham**

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

3927 Bayshore Blvd NE

City

St Petersburg

FL

Zip Code

33703

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

Gloria Hudson Higham

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

TITLE **P** ☐ Delete
NAME **HUDSON, GLORIA**
STREET ADDRESS **3205 W. KNIGHTS AVE.**
CITY-ST-ZIP **TAMPA FL 33611**

TITLE **CEO** ☐ Delete
NAME **HIGHAM, TIM**
STREET ADDRESS **3205 W. KNIGHTS AVE.**
CITY-ST-ZIP **TAMPA FL 33611**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
NAME **Higham, Gloria Hudson**
STREET ADDRESS **3927 Bayshore Blvd NE**
CITY-ST-ZIP **St Petersburg, FL 33703**

TITLE **VP** ☒ Change ☐ Addition
NAME **Higham, Tim J.**
STREET ADDRESS **3927 Bayshore Blvd NE**
CITY-ST-ZIP **St. Petersburg, FL 33703**

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

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

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

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:

Gloria Hudson Higham

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/02

Date

813-281-1112

Daytime Phone #

CR2E034 (9/01)