

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 08, 2003 8:00 am
Secretary of State

07-08-2003 90026 014 ***150.00

DOCUMENT # P00000052350

1. Entity Name
HYDROPONIC GROWING ADVANTAGE INC.



Principal Place of Business
**20601 SW WARFIELD AVE
INDIANTOWN, FL 34956 US**

Mailing Address
**6180 N. DIXIE HIGHWAY
BOCA RATON, FL 33487**

2. Principal Place of Business

3. Mailing Address
20601 SW WARFIELD AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.
LA

City & State

City & State
INDIANTOWN FL

Zip

Country

Zip

Country

34956

MARTIN

4. FEI Number

65-1012652

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**GAUTHIER, NITAYAPORN
6180 N. DIXIE HIGHWAY
BOCA RATON, FL 33487**

**20601 SW WARFIELD
INDIANTOWN FL
34956**

7. Name and Address of New Registered Agent

Name

ROD GAUTHIER

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

20601 SW WARFIELD AVE

City

INDIANTOWN

FL

Zip Code

34956

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.

SIGNATURE

Rod Gauthier

6.25.03

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

(NOTE: Registered Agent's signature required when changing.)

DATE

FILE NOW! FEE IS \$150.00

ATTORNEY'S FEE WILL BE \$500.00

MAJOR CHARGE: PAYABLE TO STATE'S TREASURER

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	☐ Delete
NAME	GAUTHIER, NITAYAPORN	
STREET ADDRESS	6180 N. DIXIE HIGHWAY	
CITY-ST-ZIP	BOCA RATON, FL 33487	
TITLE	VP	☐ Delete
NAME	GAUTHIER, ROD	
STREET ADDRESS	6180 N. DIXIE HIGHWAY	
CITY-ST-ZIP	BOCA RATON, FL 33487	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
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 607, 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:

Rod Gauthier **ROD GAUTHIER VP**

6.25.03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Delayed Phone #

CR2034 (10/02)

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Name

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City

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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.

SIGNATURE

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

(NOTE: Registered Agent Signature required when identifying)

DATE

FILE MONTHLY FEE IS \$100.00

APRIL 1, 2003 FEE WILL BE \$850.00

Make a check if you are a Florida Corporation or State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ Delete

P
GAUTHIER, NITAYAPORN
6180 N. DIXIE HIGHWAY
BOCA RATON, FL 33487

TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ Delete

VP
GAUTHIER, ROD
6180 N. DIXIE HIGHWAY
BOCA RATON, FL 33487

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CITY-STATE-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CFR034 (10/02)