

FOR-PROFIT CORPORATION UNIFORM-BUSINESS-REPORT-(UBR)

FILED
Nov 08, 2002 8:00 A.M
Secretary of State

DOCUMENT # 901000004617

1. Entity Name

Jon Adams Horticultural Care, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1712 Harbor Ln.

3. Mailing Address

1712 Harbor Ln.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Naples, FL

City & State

Naples, FL

4. FEI Number

65-1086325

Applied For

Not Applicable

Zip

34104

Country

Zip

34104

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Lamb, Jeffrey R.

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

868 106th Avenue North

City

Naples

FL

Zip Code

34108

**DO NOT WRITE
IN THIS SPACE**

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 X

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

(NOTE: Registered Agent signature required when reinstating)

10/29/02

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 D/P
NAME Adams, Jon
STREET ADDRESS 1712 Harbor Ln.
CITY-ST-ZIP Naples, FL 34104

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP 800008879378
11/07/02-01097--002 **150.00

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: X Jonathan Adams, Jon Adams

10/29/02

(239) 777-8217

CR2E034B (12/01)

THOMAS WANDERON & ASSOCIATES

♦ TAX ACCOUNTING, INC. ♦

Tuesday, October 29, 2002

Division of Corporations
Florida Department of State
P.O. Box 6327
Tallahassee, FL 32314

RE: Jon Adams Horticultural Care, Inc.
1712 Harbor Lane
Naples, FL 34104
P01000004617

We are the Registered Agent for the above named notice and have been provided the Notice of Administrative Dissolution as sent to the corporation.

The corporation was unaware of it's requirement to file an annual report (2002 was the first year that an annual report was required of the corporation.)

As such, we are requesting on behalf of the corporation, a waiver of reinstatement fees and request that the corporation be allowed to file its annual report (attached) with the 2002 filing fees of \$150 (attached.) Please advise the corporation and my office as the Registered Agent accordingly.

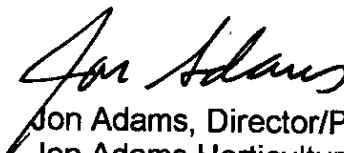
Also note that our address as the Registered Agent is incorrect as shown and has been corrected under Section 7 of the UBR.

Thank you.

Very truly yours,



Jeffrey R. Lamb, Registered Agent
Thomas Wanderon & Associates



Jon Adams, Director/President
Jon Adams Horticultural Care, Inc.

JRL/II