

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000056897

FILED
Mar 04, 2003
Secretary of State

Entity Name: GREEN THUMB INTERIOR PLANT SERVICE, INC.

Current Principal Place of Business:

6490 HOMESTEAD AVE
COCOA, FL 32927

New Principal Place of Business:

3382 TARRAGON ST
COCOA, FL 32926

Current Mailing Address:

6490 HOMESTEAD AVE
COCOA, FL 32927

New Mailing Address:

3382 TARRAGON ST
COCOA, FL 32926

FEI Number: 59-3743357

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUGHES, BONNIE F
6490 HOMESTEAD AVE
COCOA, FL 32927

Name and Address of New Registered Agent:

HUGHES, BONNIE F
3382 TARRAGON ST
COCOA, FL 32926

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:

03/04/2003

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HUGHES, BONNIE F
Address: 6490 HOMESTEAD AVE
City-St-Zip: COCOA, FL 32927

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP () Change (X) Addition
Name: HUGHES, PAUL R
Address: 3382 TARRAGON ST
City-St-Zip: COCOA, FL 32926

Title: NA () Change (X) Addition
Name: NA, NA
Address: NA
City-St-Zip: NA, NA NA

Title: NA () Change (X) Addition
Name: NA, NA
Address: NA
City-St-Zip: NA, NA NA

Title: NA () Change (X) Addition
Name: NA, NA
Address: NA
City-St-Zip: NA, NA NA

Title: NA () Change (X) Addition
Name: NA, NA
Address: NA
City-St-Zip: NA, NA NA

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL R HUGHES

VP

03/04/2003

Electronic Signature of Signing Officer or Director

Date