FILED
Jun 12, 2003 8:00 am
Secretary of State
06-12-2003 90359 001 ***450.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000112528

1. Entity Name
4H BOTANICAL, INC.

55047994

Principal Place of Business
8521 CYPRESS DR. SOUTH
FT. MYERS, FL 33912

Mailing Address
8521 CYPRESS DR. SOUTH
FT. MYERS, FL 33912

[redacted]

2. Principal Place of Business		3. Mailing Address	
		3660 B Central Ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State: Ft Myers, FL	
Zip	Country	Zip: 33901	Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 65-1157507 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MATLAND, RUDOLPH K
12995 S. CLEVELAND AVE., STE. 107
FT. MYERS, FL 33907

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	☐ Delete
NAME	HALLE, MORGAN	
STREET ADDRESS	8521 CYPRESS DR. SOUTH	
CITY-ST-ZIP	FT. MYERS, FL 33912	
TITLE	V	☐ Delete
NAME	HALLE, GREG	
STREET ADDRESS	8521 CYPRESS DR. SOUTH	
CITY-ST-ZIP	FT. MYERS, FL 33912	
TITLE	S	☐ Delete
NAME	HALLE, DEREK	
STREET ADDRESS	8521 CYPRESS DR. SOUTH	
CITY-ST-ZIP	FT. MYERS, FL 33912	
TITLE	T	☐ Delete
NAME	HALLE, COLIN	
STREET ADDRESS	8521 CYPRESS DR. SOUTH	
CITY-ST-ZIP	FT. MYERS, FL 33912	
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		

CR2E034 (10/02)

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: M Halle 6-6-03 (239) 482-3929
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #