

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2003 8:00 am**  
**Secretary of State**

04-18-2003 90106 011 \*\*\*150.00

0638824 AT

**DOCUMENT # P02000024048**

1. Entity Name  
**PLANTOPIA, INC.**



Principal Place of Business  
**4701 WEST FAIRVIEW HEIGHTS  
TAMPA FL 33616**

Mailing Address  
**4701 WEST FAIRVIEW HEIGHTS  
TAMPA FL 33616**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**01-0621482**

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

7. Name and Address of New Registered Agent

**COUNTRYMAN, JOHN A  
16011 NEBRASKA AVE. NORTH  
SUITE 106  
LUTZ FL 33549**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**4-8-03**

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPST GASSAWAY** ☐ Delete  
NAME **~~DPST GASSAWAY~~, Kathryn**  
STREET ADDRESS **4701 West Fairview Heights**  
CITY-ST-ZIP **Tampa, FL 33616-1048**

TITLE **DPST GASSAWAY** ☐ Change ☒ Addition  
NAME **~~DPST GASSAWAY~~, Kathryn**  
STREET ADDRESS **4701 West Fairview Heights**  
CITY-ST-ZIP **Tampa, FL 33616-1048**

TITLE **DVP** ☐ Delete  
NAME **Tim Smith**  
STREET ADDRESS **4701 West Fairview Heights**  
CITY-ST-ZIP **Tampa, FL 33616-1048**

TITLE **DVP** ☐ Change ☒ Addition  
NAME **Tim Smith**  
STREET ADDRESS **4701 West Fairview Heights**  
CITY-ST-ZIP **Tampa, FL 33616-1048**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
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:

*Kathryn Gassaway*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/10/2003 813-805-0000**  
Date Daytime Phone #

CR2E034 (10/02)