FILED
May 07, 2003 8:00 am
Secretary of State
05-07-2003 90137 012 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

80115039

DOCUMENT # P02000051836

1. Entity Name
OCTOPUS NURSERY & SUPPLY INC.

Principal Place of Business	Mailing Address
2314 W. ST. ISABEL ST. TAMPA, FL 33607	2314 W. ST. ISABEL ST. TAMPA, FL 33607

2. Principal Place of Business	3. Mailing Address
3910 E 12Th AVE	3910 E 12TH AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TAMPA FL	City & State: TAMPA FL
Zip: 33605 Country:	Zip: 33605 Country:

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: ☑ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MELGAR, FRANCISCO 2314 W. ST. ISABEL ST. TAMPA, FL 33607	Name: Street Address (P.O. Box Number is Not Acceptable): 3910 E 12Th Ave City: TAMPA FL Zip Code: 33605

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] DATE 4/29/03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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: D NAME: MELGAR, FRANCISCO STREET ADDRESS: 2314 W. ST. ISABEL ST. CITY-ST-ZIP: TAMPA, FL 33607	☐ Delete	TITLE: NAME: STREET ADDRESS: 3910 E 12Th Ave CITY-ST-ZIP: TAMPA FL 33605	☒ Change ☐ Addition
TITLE: D NAME: MELGAR, YAIDY STREET ADDRESS: 2314 W. ST. ISABEL ST. CITY-ST-ZIP: TAMPA, FL 33607	☐ Delete	TITLE: NAME: STREET ADDRESS: 3910 E 12Th AVE CITY-ST-ZIP: TAMPA FL 33605	☒ Change ☐ Addition
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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: [signature] 4/29/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)