

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2003 8:00 am
Secretary of State

05-27-2003 90172 034 ***150.00

DOCUMENT # P02000075333

1. Entity Name
THE POTTING SHED, INC.



Principal Place of Business
**6040 MAIN STREET
NEW PORT RICHEY, FL 34653**

Mailing Address
**P.O. BOX 1121
NEW PORT RICHEY, FL 34656**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

030470380

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**TURNER, LAURA J
6452 RIVER RD.
NEW PORT RICHEY, FL 34652**

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 resigning)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
TURNER, LAURA J
6452 RIVER RD.
NEW PORT RICHEY, FL 34652**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VST
TURNER, LAURA J
6452 RIVER RD.
NEW PORT RICHEY, FL 34652**

☐ Delete

TITLE
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☐ Change

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CITY-ST-ZIP

☐ Change

☐ Addition

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 duly empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/22/03 727-841-9457
Date Daytime Phone

CR2E034 (10/02)

Attachment

80122115
P02000075333

May 22, 2003

Florida Department of State
Secretary of State
Division of Corporations
P.O. Box 1500
Tallahassee, FL

Re: The Potting Shed, Inc.
Florida Document # P02000075333

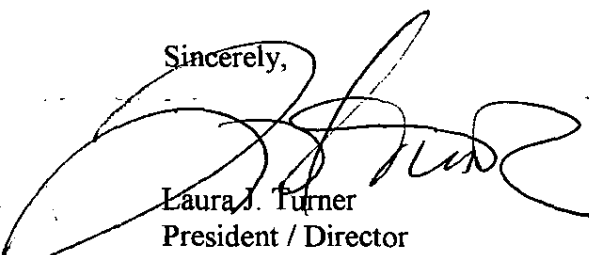
To Whom It May Concern:

I was not aware that my new corporation had to file a Uniform Business Report with the Division of Corporations by May 1st, 2003. I did not receive any forms or documentation in the mail regarding the report. I did contact corp@dos.state.fl.us where Gina, with Internet Access, gave me instruction to send this letter with the attached downloadable form. I would appreciate if you could you kindly waive the \$400.00 late fee and accept the payment of \$150.00 enclosed with my completed report.

My corporation name is The Potting Shed, Inc.
EIN 030470380
Document Number P02000075333.

Thank you in advance for your time.

Sincerely,



Laura J. Turner
President / Director
The Potting Shed, Inc.