2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 17, 2001 8:00 am Secretary of State DOCUMENT # P92000013070 1. Entity Name STOPLIGHT NURSERY, INC. 04-17-2001 90012 010 ***158.75 Principal Place of Business Mailing Address 12268 INDIAN MOUND ROAD 12268 INDIAN MOUND ROAD LAKE WORTH FL 33467 LAKE WORTH FL 33467 2. Principal Place of Business 3. Mailing Address P. O. BOX 540967 100 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0385808 ake Worth Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Beach Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent pred-1 SHASTEEN, FRED L SR. 12268 INDIAN MOUND ROAD LAKE WORTH FL 33467 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 SIGNATURE Signature, typed or printed name of re-FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Shasteen, fred Lee SK. P. Change **PST** Delete TITLE TITLE 3125 Fortune way #19 SHASTEEN, FRED LEE SR. NAME NAME STREET ADDRESS STREET ADDRESS 12268 INDIAN MOUND RD. WEST Palm Beach FL 33414 CITY-ST-ZIP CITY-ST-ZIP LAKE WORTH FL 33467 shosteen I Fled Lee Jr. Pachange ☐ Delete TITLE TITLE SHASTEEN, FRED LEE JR. NAME NAME 3125 Fortune way wig STREET ADDRESS STREET ADDRESS 12268 INDIAN MOUND RD. West Pulm Beach, PL 33414 CITY-ST-ZIP CITY_ST_7IP LAKE WORTH FL 33467 Herrmann , wayne Tochange TITLE ☐ Delete HERRMANN, WAYNE'T NAME NAME 3125 Fortune way # 19 STREET ADDRESS 12268 INDIAN MOUND RD. STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP LAKE WORTH FL 33467 ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME

13. I hereby certify that the information supplied with this filling 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

☐ Delete

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFIC

Change

☐ Addition