

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2003 8:00 am
Secretary of State

03-28-2003 90104 029 ***150.00

DOCUMENT # P92000013070

1. Entity Name
STOPLIGHT NURSERY, INC.



Principal Place of Business
**3125 FORTUNE WAY
#19
WEST PALM BEACH FL 33414**

Mailing Address
**PO BOX 540967
LAKE WORTH FL 33454**



2. Principal Place of Business

3. Mailing Address

PO Box 540967

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Lake Worth, FL

City & State

4. FEI Number **65-0385808**

Applied For

Not Applicable

Zip **33454** Country **USA**

Zip

Country

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

**SHASTEEN, FRED L SR.
3125 FORTUNE WAY
STE #19
WEST PALM BEACH FL 33414**

Name

Street Address (P.O. Box Number is Not Acceptable)

7407 Seabreeze Dr

City **Lake Worth**

FL

Zip Code **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. 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PST** ☐ Delete
NAME **SHASTEEN, FRED LEE SR.**
STREET ADDRESS **3125 FORTUNE WAY #19**
CITY-ST-ZIP **WEST PALM BEACH FL 33414**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **7407 Seabreeze Dr**
CITY-ST-ZIP **Lake Worth, FL 33467**

TITLE **VP** ☐ Delete
NAME **SHASTEEN, FRED LEE JR.**
STREET ADDRESS **3125 FORTUNE WAY #19**
CITY-ST-ZIP **WEST PALM BEACH FL 33414**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **7407 Seabreeze Dr**
CITY-ST-ZIP **Lake Worth, FL 33467**

TITLE **C** ☐ Delete
NAME **HERRMANN, WAYNE T**
STREET ADDRESS **3125 FORTUNE WAY #19**
CITY-ST-ZIP **WEST PALM BEACH FL 33414**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **7407 Seabreeze Dr**
CITY-ST-ZIP **Lake Worth, FL 33467**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-25-03 561-798-0694

Date Daytime Phone #

CR2034 (10/02)