2000 UNIFORM BUSINESS REPORT (UBR)

of the corporation or the receiver changed, or on an attachment w

SIGNATURE:

FILED DOCUMENT # P93000031358 Apr 05, 2000 8:00 am Secretary of State HOOPER'S FRESH FARM VEGETABLES, INC. LANDOCAPE NURSUL 04-05-2000 90101 040 ***150.00 Mailing Address Principal Place of Business 2828 W HOOPER FARMS RD PO BOX 1267 WINTER PARK FL 32790-1267 APOPKA FL 32703 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3178759 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TAYLOR, JAMES E JR.ESQ. 126 EAST JEFFERSON STREET ORLANDO FL 32801 hent for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named entity submits this sta SIGNATURE (NOTE: Registered Agent signature required when reinstating) 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, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. DPT **DPST** (V) Change □ Delete TITLE TITLE NAME NAME HOOPER, DAVID 11005. Orlando Ave, Unit 601 STREET ADDRESS STREET ADDRESS 1221 VIA DEL MAR Maitland, F1 32751 CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL Nadena W. Hooper TITLEDUPS Change ☐ Delete NAME NAME 11005 Orlando Due, Unit 601 STREET ADDRESS STREET ADDRESS Maisland, FI 32751 CITY-ST-ZIP CITY-ST-ZIP Delête TITLE Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP I hereby certify that the information scoplied 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 supplied entail 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 receive 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

other like empowered

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR