

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000074157

1. Entity Name

POPE'S PLANTS, INC.

Principal Place of Business

Mailing Address

5111 W. LAKESHORE DR.
ORANGE PARK FL 32073

1389 SOUTHSORE DR.
ORANGE PARK FL 32073
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip 32003

Country

Zip 32003

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3210670

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GRIFFIN, S. POPE
1389 SOUTHSORE DR.
ORANGE PARK FL 32073

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE D
NAME GRIFFIN, S. POPE
STREET ADDRESS 5111 W. LAKESHORE DR.
CITY-ST-ZIP ORANGE PARK FL 32073 ☐ Delete

TITLE S
NAME GRIFFIN, MARGARET
STREET ADDRESS 1389 SOUTHSORE DR
CITY-ST-ZIP ORANGE PARK FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition
ZIP - 32003

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition
ZIP - 32003

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

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

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

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Margaret T. Griffin Margaret J. Griffin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/2001

Date

904-264-6896

Daytime Phone #

CP2E034 (10/00)

0446520