

FILED
May 23, 2001 8:00 am
Secretary of State
 05-23-2001 90199 004 ***150.00

DOCUMENT # P94 000031154

1. Entity Name
Homegrown Hydroponics, Inc.

Principal Place of Business
**902 E SR 434
 LONGWOOD, FL 32750**

Mailing Address
**902 E. SR 434
 LONGWOOD, FL 32750**

2. Principal Place of Business
 State, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 State, Apt. #, etc.
 City & State
 Zip Country

4. FEI Number
593238329

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**DAVID WASSERMAN
 220 N. PARK AVENUE, NORTH
 SUITE B
 WINTER PARK, FL 32789**

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 _____ (NOTE: Registered Agent signature required when withdrawing) DATE _____

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

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICER DAVID WASSERMAN 214 SWEET GUM WAY LONGWOOD, FL 32779 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES. TRACI PELTZER 257 ACORN DR. LONGWOOD, FL 32750 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: DAVID WASSERMAN 5/1/01 407-539-1140

CR2E034 (1/1/00)