From: DALE R BALDWIN AND ASSOCIATES 30545155

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 08, 2000 8:00 am
Secretary of State
06-08-2000 90445 009 ***150.00

DOCUMENT # P94000066387

1. Entity Name
CDJ WHOLESALE NURSERY, INC.

Principal Place of Business	Mailing Address
31877 SW 197TH AVE HOMESTEAD FL 33030	98350 O.S. HWY SUITE 12 KEY LARGO FL 33037

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0564906 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BALDWIN, JOYCE E
98350 O.S. HWY
SUITE 12
KEY LARGO FL 33037

7. Name and Address of New Registered Agent

Name: ~~Dale R. Baldwin~~
Street Address (P.O. Box Number is Not Acceptable): 228 Country Club Drive
City: Lake Placid, FL Zip Code: 33852

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]
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, 2000 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BALDWIN, JOYCE E [illegible] [illegible]	☐ Change	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Joyce E. Baldwin 228 Country Club Drive ~~Lake Placid, Florida 33852~~ ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BALDWIN, CARL E. 31877 SW 197TH AVENUE HOMESTEAD FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

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 Baldwin REQUIRED 4/25/2000 305-852-0052
Signature and typed or printed name of signing officer or director — Date — Daytime Phone #

CR2E034 (9/99)