2000 UNIFORM BUSINESS REPORT (UBR) FILED Apr 22, 2000 8:00 am Secretary of State DOCUMENT # **P94000085667** R & O PLANT FARM, INC. 04-22-2000 90104 050 ***158.75 Principal Place of Business Mailing Address 5264 CADILLAC DRIVE 5264 CADILLAC DRIVE LAKE WORTH FL 33463-5913 837701 LAKE WORTH FL 33463 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0537902 Not Applicable Country Zip \$8.75 Additional Country Zip 5. Certificate of Status Desired-Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LEE. ROY E JR. Street Address (P.O. Box Number is Not Acceptable) **5264 CADILLAC DRIVE** LAKE WORTH FL 33463 Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable (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. ☐ Change Addition Delete TITLE TITLE LEE, ROY E JR. NAME STREET ADDRESS **5264 CADILLAC DRIVE** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKE WORTH FL 33463 ☐ Addition ☐ Delete TITLE Change TITLE LEE, WAYNE A NAME NAME STREET ADDRESS STREET ADDRESS 5264 CADILLAC DRIVE CITY-ST-7IP CITY-ST-ZIP LAKE WORTH FL 33463 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME

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

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS CiTY-ST-ZIP

TITLE NAME STREET ADDRESS

TITLE

NAME

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME

CITY-ST-ZIP

CA E LEE J. ROMANTE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Detete

☐ Delete

Change

Change

Addition

Addition