

DOCUMENT # P94000086653

1. Entity Name

BOUGAINVILLEA GROWERS, INC.

FILED

Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90037 001 ***150.00

Principal Place of Business

Mailing Address

9157 87TH PL S
BOYNTON BEACH FL
US

3345 OLEANDER WAY
GULF STREAM FL 33483-7326
US

2. Principal Place of Business

9771 87TH PLACE SOUTH

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

BOYNTON BEACH, FL

City & State

4. FEI Number

65-0548810

Applied For

Not Applicable

Zip

Country

33437

US

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

BALLERANO, JAMES A JR.
1201 GEORGE BUSH BLVD
DELRAY BEACH FL 33483

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May B
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D JOLLEY, WESLEY
STREET ADDRESS 9771 87TH PLACE SOUTH
CITY-ST-ZIP BOYNTON BEACH FL 34483

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

TITLE ☐ Delete
NAME D SCANNELL, THOMAS F III
STREET ADDRESS 1101 THOMAS ST
CITY-ST-ZIP DELRAY BEACH FL 33483

TITLE ☒ Change ☐ Add
NAME
STREET ADDRESS 3345 OLEANDER WAY
CITY-ST-ZIP GULF STREAM, FL 33483

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Add
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Add
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

T.F. Scannell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-18-00

Daytime Phone #

(601) 278-73