

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90174 009 ***150.00

DOCUMENT # P95000076170

1. Entity Name

48 PLANTS, INC.

Principal Place of Business

**15820 CR 48
 ASTATULA FL 34705**

Mailing Address

**P.O. BOX 22
 ZELLWOOD FL 32798
 US**

2. Principal Place of Business

48 Plants

Suite, Apt. #, etc.

15820 CR 48

City & State

Astatula, FL

Zip

34705

Country

3. Mailing Address

48 Plants Inc.

Suite, Apt. #, etc.

15820 CR 48

City & State

Astatula, FL

Zip

34705

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3335960

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RICE, RANDY L

15820 CR 48

ASTATULA FL 34705

7. Name and Address of New Registered Agent

Name

Jeremy S. Rice

Street Address (P.O. Box Number is Not Acceptable)

15820 CR 48

City

Astatula

FL

Zip Code

34705

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

02-06-02

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, 2002 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** ☒ Delete
 NAME **RICE, RANDY L**
 STREET ADDRESS **15820 CR 48**
 CITY-ST-ZIP **ASTATULA FL 34705**

TITLE **D** ☐ Delete
 NAME **RICE, JEREMY S. Jeremy (corrected spelling)**
 STREET ADDRESS **15820 CR 48**
 CITY-ST-ZIP **ASTATULA FL 34705**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
 NAME
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TITLE ☐ Change ☐ Addition
 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-06-02

Date

Daytime Phone #

CP2E034 (9/01)