

DOCUMENT # P95000094157

1. Entity Name  
TRI-STAR NURSERY, INC.

Principal Place of Business

4900 CLOCK RD  
LAKE WORTH FL 33463  
US

Mailing Address

P.O. BOX 276010  
BOCA RATON FL 33427  
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

**FILED**  
**Jan 10, 2001 8:00 am**  
**Secretary of State**

01-10-2001 90083 009 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0632719

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

SHAW, CARL  
2804 NW BANYAN BLVD CR  
UNIT 11  
BOCA RATON FL 33431

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

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, 2001 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	D			
	HOLLERN, MICHAEL S	6564 EASTVIEW DRIVE	LAKE WORTH FL 33462	
	D			
	SHAW, CARL	2804 NW BANYAN BLV CR	BOCA RATON FL 33451	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> 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 or without like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CARL SHAW 1/5/01

Date

Daytime Phone #

561-357-1088

CR2E034 (1/00)