(5/01)

FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATUR

Jul 24, 2001 8:00 am P95000094738 DOCUMENT # **Secretary of State** 1. Entity Name FLORIDA NATIVE PLANTS, INC. 07-24-2001 90006 025 ***550.00 Principal Place of Business Mailing Address 730 MYAKKA ROAD 730 MYAKKA ROAD SARASOTA FL 34240 SARASOTA FL 34240 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 65-0638867 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required ے مرب ہے 6. Name and Address of Current Registered Agent ب -7. Name and Address of New, Registered Agent KUNKEL WALTON, DANIEL C Street Address (P.O. Box Number is Not Acceptable) 730 MYAKKA ROAD SARASOTA FL 34240 City SARASOTA 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change ☐ Addition TITLE Delete TIT! F WALTON, DANIEL C NAME NAME STREET ADDRESS 672 41ST ST STREET ADDRESS CITY-ST-ZIP SARASOTA FL CITY-ST-ZIP TITLE DVP ☐ Delete TITLE Change ☐ Addition NAME ROSSEY, WILLIAMS NAME STREET ADDRESS STREET ADDRESS 642 WATERSIDE WAY CITY-ST-ZIP CITY-ST-ZIP Sarasota Fl. Delete - - -Change: - Change: - Addition -TITLE TITLE NAME NAME SCHILLER, LAUREL STREET ADDRESS 405 ARMADA RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VENICE FL T. D. Change Addition TITLE ☐ Delete TITLE KUNKEL NAME RINGWOOD METHOOW STREET ADDRES STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 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.