

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2000 8:00 am
Secretary of State
 05-24-2000 90058 049 ***150.00

DOCUMENT # P95000097552

1. Entity Name
PROFESSIONAL PLANT DESIGN, INC.

Principal Place of Business %JOHN C SCHNEIDER 505 S FLAGLER DR. #1001 WEST PALM BEACH FL 33401	Mailing Address %JOHN C SCHNEIDER 505 S FLAGLER DR. #1001 WEST PALM BEACH FL 33401-5949
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 250 Australian Avenue Suite, Apt. #, etc. 1550 Clearlake Centre City & State West Palm Beach, Florida Zip 33401 Country USA	3. Mailing Address 250 Australian Avenue Suite, Apt. #, etc. 1550 Clearlake Centre City & State West Palm Beach, Florida Zip 33401 Country USA
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4. FEI Number 65-0638554	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
 SCHNEIDER, JOHN C
 1001 FLAGLER CENTER
 505 S. FLAGLER DRIVE
 WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent
 Name
 Schneider, John C.
 Street Address (P.O. Box Number is Not Acceptable)
 250 Australian Avenue
 1550 Clearlake Centre
 City
 West Palm Beach FL Zip Code
 33401

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 *John C. Schneider* (NOTE: Registered Agent signature required when reinstating) DATE *President*

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
P MARX, CAROLE J 1068 LARCH WAY WELLINGTON FL 33414	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 all other like empowered.

SIGNATURE: *John C. Schneider* (Signature and Typed Name of Signing Officer or Director) DATE *President* Daytime Phone #

CR2E034 (9/99)