

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000097552

1. Entity Name

PROFESSIONAL PLANT DESIGN, INC.

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90440 050 ***150.00

Principal Place of Business

250 AUSTRALIAN AVE
1550 CLEARLAKE CENTRE
WEST PALM BEACH FL 33401
US

Mailing Address

250 AUSTRALIAN AVE
1550 CLEARLAKE CENTRE
WEST PALM BEACH FL 33401
US

2. Principal Place of Business

250 Australian Avenue South

Suite, Apt. #, etc.
1550 Clearlake Centre

City & State
West Palm Beach, FL

Zip Country
33401 US

3. Mailing Address

250 Australian Avenue South

Suite, Apt. #, etc.
1550 Clearlake Centre

City & State
West Palm Beach, FL

Zip Country
33401 US



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0638554

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCHNEIDER, JOHN C
250 AUSTRALIAN AVE
1550 CLEARLAKE CENTRE
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

Name
John C. Schneider, Esquire
Street Address (P.O. Box Number is Not Acceptable)
1550 Clearlake Centre
250 Australian Avenue South
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

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	P MARX, CAROLE J 1068 LARCH WAY WELLINGTON FL 33414	<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
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
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

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:

Carole J Marx
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)