

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 27, 2001 08:00 AM**
Secretary of State**DOCUMENT # P96000044761**1. Entity Name
TRIBBLE HORTICULTURAL DESIGNS, INC.

Principal Place of Business	Mailing Address
965 N. NOB HILL RD 155 PLANTATION 33324 US	965 N. NOB HILL RD 155 PLANTATION 33324 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	8 INDIAN MEADOWS

City & State	City & State
	ROUND ROCK TX
Zip	Country
78664	US

4. FEI Number
65-0674072
Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentMULLINGS DORNETT
17047 S. DIXIE HIGHWAY

MIAMI FL
33157 US**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 _____ **04/27/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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 State10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	S	☐ Delete
NAME	DORNETT MULLINGS	
STREET ADDRESS	17047 S. DIXIE HWY	
CITY-ST-ZIP	MAIMI FL 33157	
TITLE	D	☐ Delete
NAME	TRIBBLE LAURA K.	
STREET ADDRESS	965 N. NOB HILL RD #155	
CITY-ST-ZIP	PLANTATION FL 33324	
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	D	☒ Change ☐ Addition
NAME	TRIBBLE LAURA K.	
STREET ADDRESS	8 INDIAN MEADOWS	
CITY-ST-ZIP	ROUND ROCK TX 78664	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: Laura Tribble
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

D 04/27/2001

Date Daytime Phone #

CR2E034 (11/00)