

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90127 015 ***150.00

DOCUMENT # P96000084709

1. Entity Name
EARTH GARDEN, INC.

Principal Place of Business
**6225 POWERS AVENUE
 SUITE 100
 JACKSONVILLE FL 32207
 US**

Mailing Address
**4215 SOUTHPOINT BLVD
 SUITE 100
 JACKSONVILLE FL 32216-6191**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address
P.O. Box 551260

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Jacksonville, FL

4. FEI Number **59-3411495**

Applied For
 Not Applicable

Zip Country

Zip Country
32255

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ANSBACHER, LEWIS
 4215 SOUTHPOINT BLVD
 SUITE 100
 JACKSONVILLE FL 32216**

Name **Lewis Ansbacher**
 Street Address (P.O. Box Number is Not Acceptable)
5150 Belfort Road
Building 100
 City **Jacksonville** **FL** Zip Code **32256**

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

DATE **3/15/00**

Signature, typed or printed name of registered agent and true 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.

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. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DV	PRISOC, JOHN	<input type="checkbox"/>			
STREET ADDRESS	6225 POWERS AVENUE		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		CITY-ST-ZIP		
DV	CURTIS, HILL	<input type="checkbox"/>			
STREET ADDRESS	6225 POWERS AVENUE		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		CITY-ST-ZIP		
DS	BETH, ANGELO	<input type="checkbox"/>			
STREET ADDRESS	6225 POWERS AVENUE		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		CITY-ST-ZIP		
D	ROSENBAUM, JERROLD	<input type="checkbox"/>			
STREET ADDRESS	6225 POWERS AVENUE		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		CITY-ST-ZIP		
D	BAUGUSS, LAURIE	<input type="checkbox"/>			
STREET ADDRESS	6225 POWERS AVENUE		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		CITY-ST-ZIP		
		<input type="checkbox"/>			
TITLE	NAME		TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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:
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **2/16/99** Daytime Phone # **(904) 737-0811**

CR2E034 (9/99)