2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Apr 17, 2001 8:00 am Secretary of State DOCUMENT # P9700003163 WALL SPRINGS CONSERVATORY, INC. 04-17-2001 90053 001 ***150.00 Principal Place of Business Mailing Address 22 BIRDIE LANE 22 BIRDIE LANE PALM HARBOR FL 34683 PALM HARBOR FL 34683 2. Principal Place of Business 3. Mailing Address 3708 Alt. 19 North 3708 Alt. 19 North Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3421815 Palm Harbor, Florida Palm Harbor Florida Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 34683 USA 34683--- USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RAYMOND, J. PAUL ESQ. Street Address (P.O. Box Number is Not Acceptable) 625 COURT STREET, SUITE 200 **CLEARWATER FL 33756** Zin Code FL 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) FILE NOW!!! FEE IS \$150.00 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 MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. **PSD** ☐ Change TITLE Delete TITI F DOUGLAS, SCOTT D NAME NAME STREET ADDRESS 3708 ALT. 19 N. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM HARBOR FL 34683 TITLE ☐ Change Addition TITLE Delete D SWEETNAM, JR., WILLIAM NAME NAME Robert Bruce Douglas STREET ADDRESS 3708 ALT. 19 N. STREET ADDRESS 3708 Alt. 19 N. CITY-ST-ZIP PALM HARBOR FL 34683 CITY-ST-ZIP Palm_Harbor, FL 34683 --- Change SD ----TITI F Delete TITLE RAYMOND, PAUL J NAME NAME STREET ADDRESS 625 COURT ST. SUITE 200 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM HARBOR FL 33756 ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS 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 justee 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.

april 11,2001 (727) 939-2900