

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000066895

1. Entity Name

PLANT PEOPLE OF NORTH FLORIDA, INC.

3060 Leon Rd.
JAX, FL 32250

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90010 031 ***150.00

Principal Place of Business

Mailing Address

1537 PENMAN ROAD
JACKSONVILLE BCH FL 32250

1537 PENMAN ROAD
JACKSONVILLE BCH FL 32250-3743

2. Principal Place of Business

3. Mailing Address

3060 Leon Rd.
Suite, Apt. #, etc.

3060 Leon Rd.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

59-3459603

Applied For

Not Applicable

Zip

Country

Zip

Country

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

HAMILTON, CHARLES
1537 PENMAN ROAD
JACKSONVILLE BCH FL 32250

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

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, 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
P	HAMILTON, LINDA	1537 PENMAN RD	JACKSONVILLE BEACH FL 32250	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	HAMILTON, LINDA	3060 Leon Rd.	JAX, FL 32246
VP	HAMILTON, CHARLES	1537 PENMAN RD	JACKSONVILLE BEACH FL 32250	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	HAMILTON, CHARLES	3060 Leon Rd.	JAX, FL 32246
<input type="checkbox"/> Delete				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	HAMILTON, LINDA	3060 Leon Rd.	JAX, FL 32246
<input type="checkbox"/> Delete				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	HAMILTON, LINDA	3060 Leon Rd.	JAX, FL 32246
<input type="checkbox"/> Delete				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	HAMILTON, LINDA	3060 Leon Rd.	JAX, FL 32250
<input type="checkbox"/> Delete				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	HAMILTON, LINDA	3060 Leon Rd.	JAX, FL 32250

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: Linda Hamilton 3/31/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #