## **2000 UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # P98000002395 May 08, 2000 8:00 am 1. Entity Name Secretary of State FAR EAST TROPICAL NURSERY COMPANY, INC. 05-08-2000 90065 024 \*\*\*150.00 Mailing Address Principal Place of Business 4691 ROYAL PALM BEACH BLVD. 4691 ROYAL PALM BEACH BLVD. ROYAL PALM BEACH FL 33411-9186 ROYAL PALM BEACH FL 33411 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0832376 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PORNPATSARANONT, SUTA Street Address (P.O. Box Number is Not Acceptable) 4691 ROYAL PALM BEACH BLVD. **ROYAL PALM BEACH FL 33411** 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 DATE 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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. PD ☐ Delete TITLE ☐ Change ☐ Addition TITLE PORNPATSARANONT, SUTA NAME NAME STREET ADDRESS STREET ADORESS 4691 ROYAL PALM BEACH BLVD. CITY-ST-ZIP CITY-ST-7IP ROYAL PALM BEACH FL 33411 Change ☐ Addition ☐ Delete TITLE TITLE PORNPATSARANONT, SUMET NAME NAME STREET ADDRESS 4691 ROYAL PALM BEACH BLVD. STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ROYAL PALM BEACH FL 33411 ☐ Addition ☐ Change TITLE TITLE ☐ Delete PORNPATSARANONT, LUDDA NAME NAME STREET ADDRESS STREET ADDRESS 4691 ROYAL PALM BEACH BLVD. CITY-ST-ZIP CITY-ST-ZIP **ROYAL PALM BEACH FL 33411** ☐ Addition Change TITLE ☐ Delete TITLE PORNPUSSARANON, SUPAT NAME NAME STREET ADDRESS STREET ADDRESS 4691 ROYAL PALM BEACH BLVD. CITY-ST-ZIP CITY-ST-ZIP ROYAL PALM BEACH FL 33411 Delete Addition ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition TITLE TITLE ☐ Delete NAME NAME 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.

LYDED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR