2003 FOR PROFIT CORPORATION

Apr 14, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** P98000004738 **DOCUMENT #** COASTAL NURSERIES, INC. Principal Place of Business 4840 SANAL 14 ROAD Mailing Address 4840 CANAL 14 ROAD LAKE WORTH *L 33463-6008 LAKE WORTH PL 33463-6008 2. Principal Place of Business 3. Mailing Address 8087 8087 MLOMINO DR HALOMINO Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State Applied For 65-0805533 Not Applicable *VAIC*e Zip Zip **\$8.75** Additional 5. Certificate of Status Desired 3346 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SPROUL, WILLIAM Street Address (P.O. Box Number is Not Accept 4840 CANAL 14 ROAD <u>Paromino</u> LAKE WORTH FL 33463-6008 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. I am familiar with, and accept the obligations of regist SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be:\$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Addition TITLE ☐ Delete TITLE SPROUL, WILLIAM NAME NAME 4840 SANAL 14 ROAD 8087 PALOMINO DIVIUC STREET ADDRESS STREET ADDRESS LAKE WORTH FL 33463-6008 CITY-ST-ZIP CITY-ST-ZIP FL 33467 WONTH TITLE ☐ Delete TITLE -Change ☐ Addition SPROUL, CLAUDIA NAME NAME

4840 CANAL 14 ROAD STREET ADDRESS STREET ADDRESS PALOMINO DRIVE LAKE WORTHLFL 33463-6008 CITY-ST-ZIP CITY-ST-ZIP HTJOG TITLE ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE NAME NAME

12. 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 peport as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like a

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP