## **2001 UNIFORM BUSINESS REPORT (UBR)**

## May 03, 2001 8:00 am Secretary of State DOCUMENT # **P98000056063** GREEN THUMB FARMERS MARKET, INC. 05-03-2001 91105 045 \*\*\*150.00 Principal Place of Business Mailing Address 4950 DAVIS BLVD 4950 DAVIS BLVD NAPLES FL 34104 NAPLES FL 34104 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3531969 Not Applicable Zip Country Zip 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 ≈ PEPPERS, DANIEL=R-Street Address (P.O. Box Number is Not Acceptable) 4950 DAVIS BLVD NAPLES FL 34104 31) [] : 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) 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. CR2E034 (10/00) TITLE ☐ Delete TITI F PEPPERS, DANIEL R NAME NAME STREET ADDRESS STREET ADDRESS 4950 DAVIS BLVD CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34104 TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE Change ☐ Delete ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE

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 an other like empowered.

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OPPIER OR DIRECTO

Daniel R. Peppers

4/23/01

FILED

941-417-1051