## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # P9800076188 Apr 24, 2000 8:00 am Secretary of State ROOM TO GROW, INC. 04-24-2000 90199 038 \*\*\*150.00 Mailing Address Principal Place of Business 1918 HARRISON ST. STE.101 1918 HARRISON ST., STE 101 HOLLYWOOD FL 33020-5065 HOLLYWOOD FL 33020 2. Principal Place of Business 3. Mailing Address ARTHUR 5000 ARTHUR STREET DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc Applied For City & State 4. FEI Number City & State 65-0873059 <u>HO</u>LLYWOOD Not Applicable HOLLYUDO D Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 3302*1-*5 usa 1SA 33021-522 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HAGEN, KEVIN L Street Address (P.O. Box Number is Not Acceptable) 3990 SHERIDAN ST., STE. 104 HOLLYWOOD FL 33021 Zip 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 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 Tax filing requirement and elects to do so. After MAY 1, 2000 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 OFFICERS AND DIRECTORS 12. 11. PD Addition Change TITLE ☐ Delete TITLE WAGNER, CAROL WAGNER, CAROL NAME 5000 ARTHUR STREET STREET ADDRESS STREET AODRESS 1918 HARRISON ST., STE 101 HOLLYWOOD FL 33021-5224 CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33020 ☐ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAM STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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** 

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

(66/6) +60371