

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000096711

1. Entity Name

DOWN TO EARTH LOXAHATCHEE, INC.

FILED
Apr 06, 2000 8:00 am
Secretary of State

04-06-2000 90042 045 ***150.00

Principal Place of Business

6151 NW 66TH WAY
PARKLAND FL 33067
**2815 "C" ROAD
LOXAHATCHEE, FL
33470**

Mailing Address

6151 NW 66TH WAY
PARKLAND FL 33067
**13460 NORTHUMBERLAND CIR
WPB, FL 33414**

Down To Earth Loxahatchee
13460 Northumberland C
West Palm Beach, FL
33414

2. Principal Place of Business

2815 "C" ROAD
Suite, Apt. #, etc.
LOXAHATCHEE, FL
City & State

3. Mailing Address

Down To Earth Loxahatchee
13460 Northumberland Cir.
West Palm Beach, FL
33414



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0879210

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip
33470

Country
USA

Zip

Country
USA

6. Name and Address of Current Registered Agent

PARRISH, VICKIE
6151 NW 66TH WAY
PARKLAND FL 33067

7. Name and Address of New Registered Agent

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
PARRISH, VICKIE
6151 NW 66TH WAY
PARKLAND FL 33067 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
SEAGER, SUSAN
13460 NORTHUMBERLAND CIR
WELLINGTON FL 33414 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SUSAN SEAGER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/00 (561) 346-2445
Date Daytime Phone #

CR2E034 (9/99)