

APR-29-04 THU 04:05 PM
2004

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P99000016293
Entity Name

JOHN'S PLANT SHOP, INC.

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91040 031 ***150.00

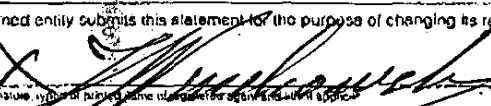
DO NOT WRITE IN THIS SPACE

1. Principal Place of Business 5050 PETERS ROAD		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State PLANTATION, FL		City & State	
Zip 33317	County BROWARD	Zip	Country
4. FEI Number 65-0903706		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name JOHN WNUKOWSKI	
Street Address (P.O. Box Number is Not Acceptable) 5050 PETERS ROAD	
City PLANTATION, FL	Zip Code 33317

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.

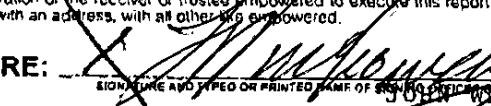
SIGNATURE  DATE 4/29/04
Signature, typed or printed name of registered agent, and date of signature JOHN WNUKOWSKI

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT / DIRECTOR JOHN WNUKOWSKI 160 SW 75th TERRACE PLANTATION, FL 33317	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other info empowered.

SIGNATURE:  DATE 4/29/04 954-567-4477
Signature and typed or printed name of signing officer and director JOHN WNUKOWSKI, PRESIDENT

CR2E034B (12/01)