## 3/2\*100 00005 000 8450 55 8450 55 2000 UNIFORM BUSINESS REPORT (UBR) **FILED** DOCUMENT # P99000029765 May 11, 2000 8:00 am Secretary of State 1. Entity Name VERDE PINES, INC. 03-31-2000 90085 032 \*\*\*158.75 Principal Place of Business Mailing Address 103 NORTH MAIN STREET 103 NORTH MAIN STREET WILDWOOD FL 34785 WILDWOOD FL 34785-4048 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 59-3 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 Name ROSS, JOHN M Street Address (P.O. Box Number is Not Acceptable) 14556 S.E. 175TH STREET WEIRSDALE FL 32195 City 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 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Change Addition TITLE PresideNJ ☐ Delete TITLE NAME NAME John Ross Main Street STREET ADDRESS STREET ADDRESS NIDWOOD JC CITY-ST-ZIE CITY-ST-ZIP President Delete TITLE Change ☐ Addition TITLE NAME NAME dover11 Casey STREET ADDRESS STREET ADDRESS 15 EDm CITY-ST-7IP CITY-ST-7IP How Change ☐ Addition TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CiTY-ST-7IP ☐ Change D Delete TITLE Addition TITLE NAME 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND PED OR PRINTED NAME OF SIGNA

☐ Delete

☐ Change

Addition