

2000 UNIFORM BUSINESS REPORT (UBR)

5/7/00

FILED

Jun 05, 2000 8:00 am
Secretary of State

05-07-2000 90040 030 ***150.00

DOCUMENT # P99000035914

1. Entity Name
HORTICULTURAL CREATIONS, INC.

Principal Place of Business 2659 SW 73RD WAY DAVIE FL 33314	Mailing Address 2659 SW 73RD WAY DAVIE FL 33314-1104
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State



DO NOT WRITE IN THIS SPACE

Zip	Country	Zip	Country
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4. FEI Number 65-0912871	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent --
**MOBERG, DONALD S
2659 SW 73RD WAY
DAVIE FL 33314**

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 _____ (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	PCD	<input type="checkbox"/> Delete
NAME	MOBERG, DONALD S	
STREET ADDRESS	2659 SW 73RD WAY	
CITY-ST-ZIP	DAVIE FL 33314	
TITLE	STD	<input type="checkbox"/> Delete
NAME	MOBERG, ERIC A	
STREET ADDRESS	2659 SW 73RD WAY	
CITY-ST-ZIP	DAVIE FL 33314	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MOBERG, MICHAEL A	
STREET ADDRESS	1111 NW 74TH WAY	
CITY-ST-ZIP	PLANTATION FL 33313	
TITLE	D	<input type="checkbox"/> Delete
NAME	EDGAR, SUSAN G	
STREET ADDRESS	12850 W STATE RD 84 #7	
CITY-ST-ZIP	FT LAUDERDALE FL 33325	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VP WILLIAM C. LIPS	
STREET ADDRESS	11932 S.W. 11 COURT	
CITY-ST-ZIP	DAVIE, FL 33314	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Eric A. Moberg **1-24-00** (954) 452-5216
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)