2001 UNIFORM BUSINESS REPCRT (UBR)

Jun 04, 2001 8:00 am DOCUMENT # **P99000048487** Secretary of State 1. Entity Name 06-04-2001 90012 003 ***150.00 PLANT THIS, INC. Principal Place of Business Mailing Address 2451 MCMULLEN BOOTH FD. SUITE 310 2451 MCMULLEN BOOTH RD. SUITE 310 CLEARWATER FL 33759 CLEARWATER FL 33759 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3626419 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent. 6. Name and Address of Current Registered Agent Name CALLAHAN, SUSAN A Street Address (P.O. Box Number is Not Acceptable) 2451 MCMULLEN BOOTH RD, SUITE 310 **CLEARWATER FL 33759** Zip Code City 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. DATE Signature, typed or printed name of registered agent and title if applicable (NO": Registered Agent signature required when reinstating) FILE NOW !! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Paya le to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME CALLAHAN, SUSAN A NAME STREET ADDRESS STREET ADDRESS 2451 MCMULLEN BOOTH RD, SUITE 310 CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL 33759** TITLE Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition Change ☐ Delete TITLE TITLE NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Addition TITLE Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition ☐ Delete NAME STREET ADDRESS STREET ADDRESS

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 in yisignature 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:

CITY-ST-ZIP

SUSAN A. CALLAhan

CITY-ST-ZIP

FILED

I lorida Department of State - Division of Corporations.

Dear Sirs,

pgq0000048489 I am writig to explainthetardness of my Dusiness report. My mother died sudderly on april 21st 2001 in Chicago. Us executor of Ner estate it was necessary to remain there for Sometime, Upon my return I found the report still on my destr but the deadline had some and gone. I hope you will understand the extreme nature of my failure to file this on time this year. I am sorry for any inconvenience this may couse. also, I can provide you with a copy of her death certificate if necessary. I am sending the 150.00 and as n if possible that you waire the penalty as I make my way through this difficult time. Thank yoi.

Suson a. Callahon
President - Plant This!
2451 Mc Muller Booth Rd #310
Clearwater, Fl. 33759
727-726-1502