

# 2000 UNIFORM BUSINESS REPORT (UBR)

4/

DOCUMENT # P99000048540

1. Entity Name

HUNTER PLANTS INTERNATIONAL, INC.

**FILED**  
**May 09, 2000 8:00 am**  
**Secretary of State**

04-10-2000 90006 025 \*\*\*150.00

Principal Place of Business  
1515 N. FEDERAL HIGHWAY  
SUITE 300C/O JEFFREY HAHN  
BOCA RATON FL 33432

Mailing Address  
1515 N. FEDERAL HIGHWAY  
SUITE 300C/O JEFFREY HAHN  
BOCA RATON FL 33432-1911



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
16305 VIA VENETIA W

3. Mailing Address  
16305 VIA VENETIA W

Suite, Apt. #, etc.

City & State  
DELRAY BEACH FL

City & State  
DELRAY BEACH FL

4. FEI Number  
05-0926357

Applied For  
Not Applicable

Zip  
33484

Country  
PAWA BEACH

Zip  
33484

Country  
PAWA BEACH

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LORING, MELANIE  
-3594 S. OCEAN DRIVE APT. 705  
HIGHLAND BEACH FL 33487

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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LORING, MELANIE		NAME		
STREET ADDRESS	1515 N. FEDERAL HIGHWAY		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33432		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LORING, ROBERT		NAME		
STREET ADDRESS	1515 N. FEDERAL HIGHWAY		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33432		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)