## **2000 UNIFORM BUSINESS REPORT (UBR)** DOCUMENT # **P99000052726** May 17, 2000 8:00 am Secretary of State 1. Entity Name PLANTCARE, COM. INC. 05-17-2000 90931 032 \*\*\*150.00 Principal Place of Business Mailing Address 5555 N. OCEAN BLVD., STE. 25 5555 N. OCEAN BLVD..STE.25 FT.LAUDERDALE FL 33308-2352 FT.LAUDERDALE FL 33308 ROUDUUL! 33RD AVE Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For Not Applicable \$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 KOSA, DONALD A 5555 N. OCEAN BLVD., STE.25 FT.LAUDERDALE FL 33308 8. The above named entity submits this statement for the purpose of changing its registered office or en reinstating) 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE TITLE ☐ Delete BENSON, Kenneth BENSON, KENNETH M NAME NAME STREET ADDRESS STREET ADDRESS 2223 N.E. 33RD. AVE. LAUDERDALE CITY-ST-ZIP CITY-ST-ZIP FT.LAUDERDALE FL 33305 V. 5. TITLE Delete mcDONALD MALCOLM 226 LOMBARDY AVE KOSA, DONALD A NAME STREET ADDRESS 5555 N. OCEAN BLVD., STE. 25 STREET ADDRESS CITY-ST-ZIP FT.LAUDERDALE FL 33308 CITY-ST-7IP LAUDERDAKO-64-The-☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE 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 of 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 in the production of the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 in the production of the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 in the production of the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 in the production of the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 in the production of the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 in the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 in the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 in the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 in the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 in the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 in the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 in the report as required by Chapter 607, Florida Statutes; and the report as required by Chapter 607, Florida Statutes; and the report as required by Chapter 607, Florida Statutes; and the report as required by Chapter 607, Florida Statutes; and the report as required by Chapter 607, Florida Statutes; and changed, or on an atta