2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Jun 01, 2000 8:00 am Secretary of State DOCUMENT # 1. Entity Name FLORIDA PLANTS ON LINE, INC. 06-01-2000 90019 001 ***150.00 06-01-2000 90019 002 *****8.75 Principal Place of Business Mailing Address 1402 Las Olas Blvd. Suite 220 Fort Lauderdale, Fl. 33301 2. Principal Place of Business 3. Mailing Address 2440 E. Commercial Blvd. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0928234 Ft. Lauderdale, Fl. Not Applicable Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Leigh Fulghum Tanya Remy Street Address (P.O. Box Number is Not Acceptable) -1402 Las Olas Blvd. # 220 3431-N.W. 20th-Avenue ---Fort Lauderdale, Florida 33301 Oakland Park. City Ft. Lauderdale 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. 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 OFFICERS AND DIRECTORS Leigh Fulghum, Pres., T/S/D & Change TANYA REMY Delete TITLE TITLE NAME 3431 N.W. 20th Avenue... 1501 S.W. 5th Sreet STREET ADDRESS STREET ADDRESS Oakland Park, F1. 3330'9 Ft. Lauderdale, Fl. 33312 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change Delete TITLE DANIEL REMY NAME 1501 S.W. 5th Street STREET ADDRESS STREET ADDRESS Ft. Lauderdale, Fl. 33312 CITY-ST-ZIP CITY-ST-ZIP TITLE `☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP Addition TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S<u>T-</u>ZIP ☐ Change ■ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change NAME : NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

SIGNATURE: Leigh Fulghum, President Sligh M Julyhum, President 954-717
SIGNATURE and TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Date Date Dayline Phone # 4448

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.