

2000 UNIFORM BUSINESS REPORT (UBR)

pg 1902

0-39 (1)

DOCUMENT # P99000062795

1. Entity Name

THE PLANTS' LOVING DOCTOR INC.

FILED

00 JUN 23 AM 11:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

12297 - 138TH STREET
LARGO FL 32774-3017

12297 - 138TH STREET
LARGO FL 32774-3017

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3603303

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DAVID, TRACY A

12297 - 138TH STREET
LARGO FL 32774-3017

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.

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-07/18/00--01078--014

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

***150.00 ***150.00

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 ☐ Delete
NAME Pres / P
STREET ADDRESS TRACY A. DAVID
CITY-ST-ZIP 12297 - 138 ST
LARGO, FL, 32774-3017

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/00

Date

727 5955796

Daytime Phone #

SP

014 (1/1/01)

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June 4, 2000

Division of Corporations
P.O. Box 1500
Tallahassee, Fl. 32302-1500

To Whom It May Concern:

UNIFORM BUSINESS REPORT

Please excuse my tardiness, I contracted pneumonia and was unable to run my business properly. I am sorry.

Thank you,

Tracy David
President
The Plants' Loving Doctor, Inc.
Enclosures (2)

FD