

2000 UNIFORM BUSINESS REPORT (UBR)

7/

FILED
Aug 04, 2000 8:00 am
Secretary of State

07-19-2000 90016 006 ***550.00

DOCUMENT # P99000062923

1. Entity Name

EXOTIC HIBISCUS, INC.

f ✓

Principal Place of Business

66282 CAMBRIDGE ROAD
 PINELLAS PARK FL 33782

Mailing Address

66282 CAMBRIDGE ROAD
 PINELLAS PARK FL 33782

2. Principal Place of Business

66282 Cambridge Rd

3. Mailing Address

Samu

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pinellas Park FL

City & State

Pinellas Park FL

4. FEI Number

59-3600916

Applied For

Not Applicable

Zip

33782

Country

Zip

33782

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

SINCLAIR, CURT
 66282 CAMBRIDGE ROAD
 PINELLAS PARK FL 33782

7. Name and Address of New Registered Agent

Name

CURT SINCLAIR

Street Address (P.O. Box Number is Not Acceptable)

66282 Cambridge Rd

City

Pinellas Park

FL

Zip Code

33782

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.

N/A

SIGNATURE

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

(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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE	D	<input type="checkbox"/> Delete
NAME	SINCLAIR, CURT	
STREET ADDRESS	66282 CAMBRIDGE ROAD	
CITY-ST-ZIP	PINELLAS PARK FL 33782	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SINCLAIR, CURT
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-7-00 941-720-6273
 Date Daytime Phone #

U.S. DEPT. OF COMMERCE