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2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State
03-13-2001 90002 014 ***150.00

DOCUMENT # P99000062923

1. Entity Name
EXOTIC HIBISCUS, INC.

Principal Place of Business	Mailing Address
66282 CAMBRIDGE ROAD PINELLAS PARK FL 33782	66282 CAMBRIDGE ROAD PINELLAS PARK FL 33782

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
40105 Ballard Rd Suite, Apt. #, etc.	PO Box 158 Suite, Apt. #, etc.
City & State: MYAKKA CITY FL	City & State: MYAKKA CITY FL
Zip: 34251 Country: MANATEE	Zip: 34251 Country: MANATEE

4. FEI Number 59-3600916 ☐ Applied For ☐ Not Applicable

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
SINCLAIR, CURT change address 66282 CAMBRIDGE ROAD P.O. BOX 158 PINELLAS PARK FL 33782 MYAKKA CITY, FL 34251	Name: CURT SINCLAIR Street Address (P.O. Box Number Is Not Acceptable): 40105 ~~PP~~ BALLARD RD City: MYAKKA CITY FL Zip Code: 34251

34251

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: Robert Curtis Sinclair Jr 1-2001
Signature, typed or printed name of registered agent and title 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 $150.00 After MAY 1, 2001 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 ☐ Delete NAME SINCLAIR, CURT STREET ADDRESS 66282 CAMBRIDGE ROAD PO BOX 158 CITY-ST-ZIP PINELLAS PARK FL 33782 MYAKKA CITY FL 34251	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS Don't Believe this??!! CITY-ST-ZIP
TITLE ☐ Delete NAME Physical add STREET ADDRESS 40105 Ballard Rd CITY-ST-ZIP	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE ☐ Delete NAME STREET ADDRESS MYAKKA CITY FL 34251 CITY-ST-ZIP	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS Agent Add. & Bus. CITY-ST-ZIP
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS add same + Live Inn CITY-ST-ZIP
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP	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

CR2E034 (10/00)

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: Robert Curtis Sinclair 1-20-01 941-322-2841
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #