## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED Apr 26, 2001 8:00 am Secretary of State DOCUMENT # **P99000078663** 1. Entity Name BLACKWELL GREENHOUSES, INC. 04-26-2001 90004 010 \*\*\*150.00 Principal Place of Business Mailing Address 11 EAST WEST ROAD 11 EAST WEST ROAD APOPKA FL 32712 APOPKA FL 32712 644441 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4 EEL Number Applied For 59-3596232 Not Applicable Zip Zip Country Country \$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 Name BLACKWELL, JOHN J Street Address (P.O. Box Number is Not Acceptable) 2952 SOUTHGATE TERRACE ORLANDO FL 32818 Zip Code 141 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 Horida SIGNATURE Signature, typed or printed name of registered agent and title in applicable (NOTE, Registered Agent signature required when reinstating) DATE 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, 2001 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 ☐ Change Addition DIE ☐ Delete TITLE BLACKWELL, SUE NAME NAME 2952 SOUTHGATE TERRACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-7P ORLANDO FL 32818 ☐ Change ☐ Delete THE Addition THEE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ill Addition TITLE ☐ Delete TITLE f | Chance NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$T-Z!P □ Charme □ Addition TILLE ☐ Delete 1016 MAME NAME STREET ADDRESS STREET ADDRESS C!TY-ST-Z!P CITY-ST-ZIP ☐ Chance ☐ Addthor ☐ Delete TTE TiT1E NAME NAME STREET ADDRESS STREET ADDRESS CITY ST ZIP C!TY - ST - ZIE Change Addition ☐ De;ete TiT: F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHIM-ST-ZP

13. Thereby 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.

Sue Blackwell 4/18/01