

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000108903

1. Entity Name

PLANTSURPLUS.COM, INC.

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90026 030 ***150.00

Principal Place of Business

1108 NEW YORK AVENUE
SUITE 10
SAINT CLOUD FL 34769

**CHANGE
OF
Address**

Mailing Address

1108 NEW YORK AVENUE
SUITE 10
SAINT CLOUD FL 34769

2. Principal Place of Business

1803 Sir Lancelot Circle

3. Mailing Address

P.O. Box 701338

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

St. Cloud, FL

City & State

St. Cloud, FL

Zip

34772

Country

USA

Zip

34770

Country

USA

4. FEI Number

59-3613615

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

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.

SIGNATURE

David R. Kueker

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

David R. Kueker

(NOTE: Registered Agent signature required when re-registering)

DATE

4/26/01

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

TITLE	PTD	<input type="checkbox"/> Delete
NAME	KUEKER, DAVID R	
STREET ADDRESS	1108 NEW YORK AVENUE, SUITE 10	
CITY-ST-ZIP	SAINT CLOUD FL 34769	
TITLE	SVD	<input type="checkbox"/> Delete
NAME	TYSON, MICHAEL W	
STREET ADDRESS	1108 NEW YORK AVENUE, SUITE 10	
CITY-ST-ZIP	SAINT CLOUD FL 34769	
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
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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:

David R. Kueker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/01 407-957-6066

Date

Daytime Phone #

CR2E034 (10/00)