

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 23, 2000 8:00 am
Secretary of State

02-23-2000 90006 008 ***150.00

DOCUMENT # P99000109345

1. Entity Name
MOSQUITO COAST ORCHIDS, INC.

Principal Place of Business 12600 158TH COURT N. JUPITER FL 33478-6653	Mailing Address 12600 158TH COURT N. JUPITER FL 33478-6653
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 17547 Rocky Pines Rd. Suite, Apt. #, etc. City & State JUPITER, FL 33478 Zip 33478 Country U.S.A.	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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4. FEL Number 65-0970498	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**HIPSMAN, MITCHELL A
 1111 KANE CONCOURSE
 SUITE 401
 BAY HARBOR ISLANDS FL 33154**

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 _____ (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, 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																																								
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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: Richard Moen **RICHARD MOEN** 1/7/2000 (561) 748-0068
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)