

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 17, 2000 08:00 AM****Secretary of State****DOCUMENT # S21761**

1. Entity Name

FOLIAGE PLUS, INC.

Principal Place of Business

P.O. BOX 938

CRESENT CITY
32112

FL

Mailing Address

P.O. BOX 938

CRESENT CITY
32112

FL

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3125278

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentMORRIS, FAYE H
STAR RT 1 BOX 234CRESCENT CITY
32112

FL

7. Name and Address of New Registered Agent

Name

MORRIS FAYE H

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

H C 1 BOX 234

City

CRESCENT CITY

FLZip Code
32112

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 **FAYE H. MORRIS**

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

(NOTE: Registered Agent signature required when reinstating)

02/17/2000

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	D	<input type="checkbox"/> Delete
NAME	RIEDI, NINA	
STREET ADDRESS	230 SOLANO PRADO	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	VS	<input type="checkbox"/> Delete
NAME	RIEDI, MARTIN	
STREET ADDRESS	230 SOLANO PRADO	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	DST	<input type="checkbox"/> Delete
NAME	MORRIS, FAYE, H	
STREET ADDRESS	SR 1 BOX 234	
CITY-ST-ZIP	CRESCENT CITY FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MORRIS, WESLEY M III	
STREET ADDRESS	SR 1 BOX 234	
CITY-ST-ZIP	CRESCENT CITY FL	
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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIEDI, NINA	
STREET ADDRESS	6630 SW 107TH ST.	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	VS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIEDI, MARTIN	
STREET ADDRESS	6330 SW 107TH ST.	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	DST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRIS, FAYE, H	
STREET ADDRESS	SR 1 BOX 234	
CITY-ST-ZIP	CRESCENT CITY FL 32112	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRIS, WESLEY M III	
STREET ADDRESS	HC1 BOX 234	
CITY-ST-ZIP	CRESCENT CITY FL 32112	
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: WESLEY M. MORRIS III

PD

02/17/2000