2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # \$79650** May 03, 2000 8:00 am 1. Entity Name FOREVER GREEN SILK ART PLANTS OF FLORIDA, INC. Secretary of State 05-03-2000 90075 003 ***150.00 Mailing Address Principal Place of Business 1110 PINE ISLAND RD 1110 PINE ISLAND RD SUITE 3 SUITE 3 CAPE CORAL FL 33993-7545 CAPE CORAL FL 33909-2187 Principal Place of Business 4. FEI Number Applied For 65-0283521 Not Applicable \$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 SNYDER, DAVID Street Address (P.O. Box Number is Not Acceptable) 1110 PINE ISLAND RD SUITE 3 CAPE CORAL FL 33909 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable <FILE-NOW!!!-FEE-IS-\$150:00===</pre> 9. This corporation is eligible to satisfy its Intangible-10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 12. 11. OFFICERS AND DIRECTORS ☐ Addition Change ☐ Delete TITLE TITLE SNYDER, DAVID NAME NAME 1110 PINE ISLAND RD SUITE 3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CAPE CORAL FL 33909-2187 CITY - ST- ZIP ☐ Addition ☐ Delete TITLE TITLE SNYDER, APRIL NAME NAME 1110 PINE ISLAND RD SUITE 3 STREET ADDRESS STREET ADDRESS 33793 CITY-ST-ZIP CAPE CORAL FL 33909-2187 CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS, CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71F CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 in the composition of the corporation or an attachment with an address, with all other like empowered.