

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 28, 2003 8:00 am**  
**Secretary of State**

03-28-2003 90104 007 \*\*\*158.50

**DOCUMENT # S80230**

1. Entity Name  
**PLANT EXPERTS, INC.**



Principal Place of Business  
**1391 SUMMIT RUN CIRCLE  
WEST PALM BEACH FL 33415  
US**

Mailing Address  
**P.O. BOX 17943  
W PALM BCH FL 33416**



2. Principal Place of Business

**8271 FIRST LANES.**

3. Mailing Address

**P.O. Box 17943**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
**WEST PALM BEACH, FL**

City & State  
**WEST PALM BEACH, FL**

4. FEI Number  
**65-2597727**

Applied For  
Not Applicable

Zip  
**33411**

Country  
**USA**

Zip  
**33416**

Country  
**USA**

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

6. Name and Address of Current Registered Agent

**MAHMOOD, ANWAR  
1391 SUMMIT RUN CIRCLE  
WEST PALM BEACH FL 33415**

7. Name and Address of New Registered Agent

Name  
**MAHMOOD ANWAR**

Street Address (P.O. Box Number is Not Acceptable)  
**8271 FIRST LANE S.**

City **WEST PALM BEACH** FL Zip Code **33411**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *N. Anwar*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **3/25/2003**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete  
NAME **ANWAR, MAHMOOD**  
STREET ADDRESS **1813 WOOD HAVEN DRIVE**  
CITY-ST-ZIP **WEST PALM BEACH FL**

TITLE **VT** ☐ Delete  
NAME **ALICEA, MARIA**  
STREET ADDRESS **1391 SUMMIT RUN CIRCLE**  
CITY-ST-ZIP **WEST PALM BEACH FL 33415**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition  
NAME **ANWAR, MAHMOOD**  
STREET ADDRESS **8271 FIRST LANES.**  
CITY-ST-ZIP **WEST PALM BEACH, FL 33411**

TITLE **VT** ☐ Change ☐ Addition  
NAME **ALICEA, MARIA**  
STREET ADDRESS **8271 FIRST LANE S.**  
CITY-ST-ZIP **WEST PALM BEACH, FL 33411**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *N. Anwar*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **3/28/2003** DAYTIME PHONE # **561-242-0222**

CR2E034 (10/02)