

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S84779

1. Entity Name

PLANTS INTERNATIONAL, INC.

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

02-23-2000 90004 010 ***150.00

Principal Place of Business

Mailing Address

3070 HOGSHEAD RD
APOPKA FL 32703
US

P.O. BOX 067
PLYMOUTH FL 32768-0367
US

2. Principal Place of Business

3. Mailing Address

1902 Lake Eustis Drive
Suite, Apt. #, etc.

P.O. Box 2076
Suite, Apt. #, etc.

City & State

City & State

Eustis, FL 32726

Eustis, FL 32727-2076

Zip Country

Zip Country

32726 USA

32727-2076 USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HICKERSON, NORMAN E.
3451 LUST ROAD
APOPKA FL 32703

Name
HICKERSON, NORMAN E.
Street Address (P.O. Box Number is Not Acceptable)
1902 Lake Eustis Drive

City FL Zip Code
Eustis 32726

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

Norman E. Hickerson Norman E. Hickerson, Pres. 1-26-00
Signature, typed or printed name of registered agent and title if applicable. (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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	HICKERSON, NORMAN E.	3451 LUST ROAD	APOPKA FL 32703	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
	HICKERSON, NORMAN E.	1902 Lake Eustis Drive	EUSTIS, FL 32726	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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: *Norman E. Hickerson* Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-00
Date

352-483-4831
Daytime Phone #

CR2E034 (9/99)