2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Jan 26, 2000 8:00 am Secretary of State **DOCUMENT # V23518** GORDONS NURSERY, INC. 01-26-2000 90187 020 ***150.00 Mailing Address Principal Place of Business 125 WEST D ROAD 125 WEST D ROAD LOXAHATCHEE FL 33470-4866 LOXAHATCHEE FL 33470 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0323079 Not Again Zip --- -Country -- --\$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GORDON, JAMES Street Address (P.O. Box Number is Not Acceptable) 125 WEST D ROAD LOXAHATCHEE FL 33470 City Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 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 11. OFFICERS AND DIRECTORS TITLE ☐ Delete GORDON, JAMES NAME NAME 125 WEST D ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP LOXAHATCHEE FL Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP-Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete 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 1.1 or Block 12 if changed, or on an attachment with any address, with all other like empowered.

TITLE

NAME

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

TITLE NAME

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

Delete

1-19-00

Daytime Phone #

☐ Change

Change

Addition

Addition