

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V46003

1. Entity Name

PLANT FACTORY OF THE PALM BEACHES, INC.

FILED

Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90035 025 ***158.75

Principal Place of Business

Mailing Address

~~5171 HAVERHILL EXT. SO.~~
~~LAKE WORTH FL 33463~~

~~5171 HAVERHILL EXT. SO.~~
~~LAKE WORTH FL 33463~~

1950 A Rd

1950 "A" Rd

Loxahatchee FL 33470

Loxahatchee FL 33470

2. Principal Place of Business

3. Mailing Address

1950 "A" ROAD

1950 "A" ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LOXAHATCHEE, FL

City & State

LOXAHATCHEE, FL

4. FEI Number

65-0339170

Applied For

Not Applicable

Zip

Country

33470

FL

Zip

Country

33470

FL

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WAGNER, RICHARD L
5171 HAVERHILL EXT. SO.
LAKE WORTH FL 33463

1950 "A" Road
Loxahatchee, FL
33470

Name

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

City

FL

Zip Code

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.

(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, 2001 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	PSD	<input type="checkbox"/> Delete
NAME	WAGNER, RICHARD L	
STREET ADDRESS	5171 HAVERHILL EXT. SO.	
CITY-ST-ZIP	LAKE WORTH FL 33463	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)