2001 UNIFORM BUSINESS REPORT (UBR)

Apr 30, 2001 8:00 am Secretary of State **DOCUMENT # 490127** TOWN & COUNTRY LAWN & TRACTOR CORPORATION 04-30-2001 90110 045 ***150.00 Principal Place of Business Mailing Address 386 GORDON ROAD 386 GORDON ROAD NEWNAN GA 30263 NEWNAN GA 30263 B0041005 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1631778 Not Applicable Zip Country Zip Country \$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 WALTERMAN, EDWARD Street Address (P.O. Box Number is Not Acceptable) 5900 S.W. 73 ST. **MIAMI FL 33143** City Zip Code 8. The above named entity submits this statement for the urpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its | FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition NAME KUNSE, RALPH A NAME STREET ADDRESS 386 GORDON ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **NEWNAN GA** TITLE VP □ Delete TITLE ☐ Change ☐ Addition NAME AZUZ, VALENCIA NAME STREET ADDRESS 102 EDGEWATER WAY STREET ADDRESS CITY-ST-ZIP PEACHTREE CITY GA CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME KUNSE, NARICE N STREET ADDRESS 386 GORDON ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-7IE newnan ga TITLE ☐ Delete TITLE ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 e

SIGNATURE