2002 UNIFORM BUSINESS REPORT (UBR)

Apr 24, 2002 8:00 am Secretary of State J31356 DOCUMENT # 1. Entity Name 04-24-2002 90489 004 ***150.00 CENTURY OF PLANTS, INC. Mailing Address Principal Place of Business 2888 SECOND ST 2888 SECOND ST FT. MYERS FL 33916 FT. MYERS FL 33916 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-2718991 Not Applicable Country \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent KINZIE, WALTER E. Street Address (P.O. Box Number is Not Acceptable) 4300 ORANGE RÍVER LOOP RD. FT. MYERS FL 33905 Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Change TITLE Delete PD TITLE NAME KINZIE, WALTER E. NAME STREET ADDRESS 4300 ORNGE RIVER LOOP RD STREET ADDRESS CITY-ST-ZIP FT. MYERS FL CITY-ST-ZIP ☐ Addition ☐ Change TITLE Delete SD TITLE NAME KINZIE, ELEANOR R. NAME STREET ADDRESS 2888 SECOND STREET STREET ADDRESS CITY-ST-ZIP FT. MYERS FL. CITY_ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE TD NAME PREVATT, BETTY ANN NAME STREET ADDRESS 2902 SECOND STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT MYERS FL ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE

FILED