2002 UNIFORM BUSINESS REPORT (UBR) FILED May 19, 2002 8:00 am Secretary of State DOCUMENT # **N94000001142** 1. Entity Name KEEP POLK COUNTY BEAUTIFUL, INC. 05-19-2002 90166 028 ****70.00 Principal Place of Business Mailing Address 1252 GOLFVIEW AV 1252 GOLFVIEW AV BARTOW FL 33830 BARTOW FL 33830 US 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 59-3233346 Not Applicable Zip Country 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 Thavarajah Street Address (P.O. Box Number is Not Acceptable) CONE, JENNIFER 1252 GOLFVIEW AVE **BATOW FL 33830** 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. BERNADETTE THAVARATAH PRESIDENT (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITI F DARNELL, KEVIN ☐ Addition NAME NAME No Change STREET ADDRESS 1252 GOLFVIEW AVE STREET ADDRESS CITY-ST-ZIP BARTOW FL CITY-ST-ZIP ☐ Delete TITLE ☐ Addition Cone, Sennifer NAME CONE, JENNIFER NAME STREET ADDRESS 1252 GOLFVIEW AVE 201 magnolia AVC 🐠 SW STREET ADDRESS CITY-ST-7IP BARTOW FL CITY-ST-ZIP Winter Haven, FL 33880 TITLE m ☐ Defete Thoracajah, Bernadelte Change (☐ Addition NAME ==== THAVARAJAH, BERNADETTE NAME ==== STREET ADDRESS 1936 George Jenkins Blyd Lakeland, FL 33815 1252 GOLFVIEW AVE STREET ADDRESS CITY-ST-7IE BARTOW FL CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME meyers, Joan NAME 2745 Sunshine Drive Lakeland, FL 33839 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7iP TITLE ☐ Delete TITLE Change **₩**Addition NAME Gāllo, Ted Gallo, Teo 10980 Demiley Rd 868 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

(9/01)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 4-3-02 (863)688-7407 SIGNATURE: