2000 UNIFORM BUSINESS REPORT (UBR) FILED Feb 01, 2000 8:00 am Secretary of State DOCUMENT # P95000093791 1. Entity Name DOWN TO EARTH LAWN CARE II, INC. 02-01-2000 90029 024 ***158.75 Principal Place of Business Mailing Address 827 RIVERBEND BLVD. 827 RIVERBEND BLVD. LONGWOOD FL 32750 LONGWOOD FL 32779-6115 PARTZA.. 2. Principal Place of Business 3. Mailing Address Sameras Place of Business 1232 Rock Springs Road Unit Apt 2#, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State 59-3346247 Apopka, Florida Not Applied Country Country \$8.75 Additional 5. Certificate of Status Desired 32712 Fee Required Orange 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HUERTA, ANTONIO A Street Address (P.O. Box Number is Not Acceptable) 380 Creekstone Court 827 RIVERBEND BLVD. LONGWOOD FL 32750 Z13 2 50 7 9 City Longwood 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 1/31/66 Presidenta Tony Huerta 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, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 12. 11, OFFICERS AND DIRECTORS TITLE Delete TITLE V. President XX Change Addition NAME MOSLER, MICHAEL H NAME STREET ADDRESS STREET ADDRESS 506 OAK LANE 1486 Grace Lake Circle CITY-ST-ZIP CITY-ST-7IP MAITLAND FL 32751 Longwood, FL 32750 ☐ Delete TITLE *Change Addition TITLE President HUERTA, ANTONIO A NAME NAME 380 Creekstone Court STREET ADDRESS STREET ADDRESS 827 RIVERBEND BLVD. CITY-ST-7IP Longwood, FL 32779 CITY-ST-ZIP LONGWOOD FL 32750 Change ☐ Addition Delete. TITLE 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 ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS

13. Thereby 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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Delete

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-7IP

TITLE

NAME

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/00

407-880-9699

Change

Addition

Date

Daytime Phone #