FILED

2002 Uniform Business Report (UBR)

changed, or on an attachment with

SIGNATURE:

Apr 07, 2002 8:00 am Secretary of State DOCUMENT # P96000075580 1. Entity Name -07-2002 90059 043 ***150 00 LEO JR. LAWN AND IRRIGATION SERVICES, INC. Principal Place of Business Mailing Address PO ROX 990328 4730 15TH AVE SW NAPLES FL 34112 NAPLES FL 34112 3. Mailing Address 2. Principal Place of Business Price Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For ity & State City & State 4. FEI Number 59-3397513 Not Applicable 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 HERRERA, JESUS H Street Address (P.O. Box Number is Not Acceptable) 4730 15TH AVE SW NAPLES FL 34116 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 9. This corporation is eligible to satisfy its Intangible 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, 2002 Fee will be \$550.00 Trust Fund Contributions 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 11.1 (9/01)PVDT TITLE Change 1 ☐ Addition TITLE ☐ Delete HERRERA, JESUS H Jesus H. Herrera NAME NAME CR2E034 4730 15TH AVE SW STREET ADDRESS 4730 15th Ave SW STREET ADDRESS CITY-ST-ZIP NAPLES FL 34116 CITY - ST-ZIP ☐ Delete Change ☐ Addition TITLE THE NAME HERRERA, MICHELLE R NAME 4730 15TH AVE SW STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34116 Vice President ☐ Change Addition Delete _ TITLE TITLE NAME Tulio C. Garcia NAME STREET ADDRESS STREET ADDRESS 3 Price St CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Detete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Delete TITLE ☐ Change 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