2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRE

Apr 28, 2000 8:00 am Secretary of State DOCUMENT # P98000090604 SUNCOAST LAWN CARE & SERVICES, INC. 04-28-2000 90038 036 ***158.75 Mailing Address Principal Place of Business POST OFFICE BOX 975 POST OFFICE BOX 975 WAUCHULA FL 33873-0975 WAUCHULA FL 33873 2. Principal Place of Business 3. Mailing Address 7755 Riverside Drive DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc Applied For City & State City & State 4. FEI Number 65-0870852 unta Gorda Fl Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 33982 3398A Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BOYETTE, LARRY A Street Address (F 1371 MARACAIBO STREET PORT CHARLOTTE FL 33980 Zip Code 33982 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. 4-20-2000 (NOTE: Registered Agent signature required when reinstating) 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 OFFICERS AND DIRECTORS 12. 11. PTD ☐ Addition PSTD TITLE ☐ Delete TITLE Larry A Boyette 7755 Riverside Drive BOYETTE, LARRY A NAME STREET ADDRESS STREET ADDRESS 1371 MARACAIBO STREET Punta Granda Fl 33982 CITY-ST-ZIP PORT CHARLOTTE FL 33980 Tammy J Nichols Change **X** Addition ☐ Delete TITLE TITLE NAME 7755 Riverside Drive NAME STREET ADDRESS STREET ADDRESS Punta Gorda Fl CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete TITLE NAME ~ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITI F NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE 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

FILED