2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P99000018425 00 SEP 11 PM 3: 56 Mailing Address Principal Place of Business SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. 集 etc. Applied For City & State 4. FEI Number 1050*9*917x5 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required. 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent (P.O. Box Number is Not Acceptable) 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 DATE Signature, typed or printed name of registered agent and title if applicable. (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 11. owner rresident TITLE TITLE NAME Pitusa Ct., Apt. A STREET ADDRESS STREET ADDRESS 76 CITY-ST-ZIP CITY-ST-ZIF Change ■ Addition TITLE ☐ Delete TITLE NAME NAME 900003391179--4 -03/13/00--01041--001 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ****150.00 *****150.00diion ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Change ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ 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 changed, or on an attachment with an address, with all other like empowered SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

P5. 701 7

IMAGEWORKS LANDSCAPING, INC. 1178 Pitusa Court, Apt. A West Palm Beach, FL 33415 (561) 686-6565

Division of Corporations Attention: Michelle Milligan P.O. Box 6327 Tallahassee, Fl 32314-6327

Re: IMAGEWORKS LANDSCAPING, INC.-Renewal penalty fees.
Document#P99000018425

Pursuant to our conversation of May 16, 2000 regarding the above referenced matter, please wave the renewal penalty fees in the amount of \$550.00. The required information was not received due to circumstances beyond the control of IMAGEWORKS LANDSCAPING, INC.

I appreciate your attention to this matter, should you need further information, I may be contacted at the above number.

Sincerely yours,

Scott Reiter

And the property of the proper

President: 3 April 600000 No. 100 of a migrous