2001 UNIFORM BUSINESS REPORT (UBR) FILED Feb 16, 2001 8:00 am **DOCUMENT # \$50660** Secretary of State 1. Entity Name NIEHAUS MAINTENANCE & LANDSCAPE CO., INC. 02-16-2001 90017 037 ***150.00 Mailing Address Principal Place of Business 7380 61 ST ST. 7380 61ST ST VERO BEACH FL 32967 VERO BEACH FL 32967 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-3063511 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Indialantic, FL PERSON, ARTHUR B. Street Address (P.O. Box Number is Not Acceptable) 1825 S. RIVERVIEW DRIVE P.O. BOX 2630 MELBOURNE FL 32901 Zip Code FL 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** (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, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition TITLE Change DP ☐ Delete TITLE NAME NIEHAUS, DON F. NAME STREET ADDRESS STREET ADDRESS 7380 61ST ST. CITY-ST-ZIP CITY-ST-ZIP vero beach fi ☐ Change ■ Addition **⊠** Delete TITLE TITLE PERSON, ARTHUR B. 1404 S. Riverside Dr. NIEHAUS CHARLOTTE NAME NAME STREET ADDRESS STREET ADDRESS 7380-61ST ST. Indialantic FL 32903 CITY-ST-ZIP CITY-ST-ZIP *w*ero beach fl Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Defete TITLE TITLE

13. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

Don Niebaus

2.16.01

(SU)562-0400

Date

Daytime Phone #