2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 30, 2001 8:00 am Secretary of State DOCUMENT # P99000066874 ALVA TRAVIS LAWN & LANDSCAPE, INC. 04-30-2001 90082 016 ***150.00 Principal Place of Business Mailing Address 37650 GEIGER ROAD 37650 GEIGER ROAD ZEPHYRHILLS FL 33541 ZEPHYRHILLS FL 33541 2. Principal Place of Business 3. Mailing Address Frontier 6010 Frontier 6010 Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State Applied For 4. FEI Number 59-3592681 FL <u>Zephyrhills</u> Zephurhillo Not Applicable Country USA \$8.75 Additional Country 5. Certificate of Status Desired usp Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ravis TRAVIS, ALVA T II Street Address (P.O. Box Number is Not Acceptable) 37650 GEIGER ROAD ZEPHYRHILLS FL 33541 6010 Frontier Dr. 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. 4-22-01 SIGNATURE (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, 2001 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. 12. Change ☐ Addition TITLE ☐ Delete TITLE Travis II Alva TRAVIS II, ALVA T NAME 6010 Frontier DV STREET ADDRESS STREET ADDRESS 37650 GEIGER ROAD CITY-ST-ZIP zephyrhills CITY-ST-ZIF ZEPHYRHILLS FL 33541 ☐ Addition ☐ Delete TITLE X Change TITLE TRAVIS, MICHELLE G NAME Travis, Michelle 6. NAME STREET ADDRESS 6010 Frontier pr. STREET ADDRESS 37650 GEIGER ROAD Zephyrhills, PL 33540 CITY-ST-ZIP CITY-ST-ZIE ZEPHYRHILLS FL 33541 Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE TITLE □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CCTY-ST-7IP CITY-ST-ZIE ☐ Delete Change ☐ Addition 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: