2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # 341234 Apr 07, 2000 8:00 am Secretary of State PARAMOUNT LANDSCAPING, INC. 04-07-2000 90021 036 ***150.00 Principal Place of Business Mailing Address 4928 SABLE PINE CIRLCE 4928 SABLE PINE CIRCLE LINIT R UNIT B WEST PALM BEACH FL 33417 WEST PALM BEACH FL 33417-3110 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1229047 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 Name TOMS, GEORGE B Street Address (P.O. Box Number is Not Acceptable) 4928 SABLE PINE CIRCLE UNIT B WEST PALM BEACH FL 33417 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 Signature, typed or printed name of registered agent and title if applicable. DATE (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 Tax filing requirement and elects to do so. After MÄY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Delete TITLE Stanley H. Mc Calla, Jr. 6530 n. ocean Blud. # 108 TITLE TOMS.GEORGE B NAME NAME STREET ADDRESS 4928 SABLE PINE CIR STREET ADDRESS Ocean Ridge, Aorida 33435 CITY-ST-ZIP CITY-ST-ZIP W PALM BCH FL ☐ Change **X** Del∋te TITLE ROSS L. Mc CAlla NAME BADSTIBNER, RICHARD NAME 30 OAK LANE STREET ADDRESS 770 NW 37 ST STREET ADDRESS Glen ave, new york 11542 CITY-ST-ZIP CITY-ST-ZIF FT LAUDERDALE, FL 00000 Addition Delete TITLE ☐ Change TITLE DAVID M. Mc Calla BADSTIBNER, ERIK L. NAME NAME 30 Oak CAME STREET ADDRESS 770 NW 37 ST STREET ADDRESS Glen Cove, new york 11542 CITY-ST-ZIP CITY-ST-78P FORT LAUDERDALE FL ☐ Addition TITLE ☐ Change ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE: SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP

Date

Daytime Phone #

CHZE034 (9/