2001 UNIFORM BUSINESS REPORT (UBR)

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

SIGNATURE:

Apr 16, 2001 8:00 am Secretary of State **DOCUMENT # 443322** 1. Entity Name SOUTHERN COMFORT TREE PRUNING SPECIALISTS, INC. 04-16-2001 90262 025 ***150.00 Principal Place of Business Mailing Address 1981 N.E. 32ND CT. 1981 N.E. 32ND CT. #48 LIGHTHOUSE POINT FL 33064 LIGHTHOUSE POINT FL 33064 3. Mailing Address 2. Principal Place of Business Same DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 59-1511519 Not Applicable Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required Same 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NEHRKE, GAREY'R. Street Address (P.O. Box Number is Not Acceptable) 1981 N.E. 32ND CT. #48 LIGHTHOUSE POINT FL 33064 Zip Code 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. DATE 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 12. 11. ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME NEHRKE, MARGARET T. STREET ADDRESS STREET ADDRESS 1981 N.E. 32 COURT #48 CITY-ST-ZIP CITY-ST-ZIP LIGHTHOUSE POINT FL 33064 ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME NEHRKE, GAREY R. STREET ADDRESS STREET ADDRESS 1981 N.E. 32 COURT #48 CITY-ST-ZIP CITY-ST-ZIP LIGHTHOUSE POINT FL 33064 Change Addition ☐ Delete TITLE TITLE NAME NEHRKE, NICOLE D_ NAME STREET ADDRESS STREET ADDRESS 1981 N.E. 32ND CT. #48 CITY-ST-ZIP CITY-ST-ZIP LIGHTHOUSE POINT FL 33064 ☐ Addition TITI F Change TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREFT ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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