FILED 2001 UNIFORM BUSINESS REPORT (UBR) Feb 12, 2001 8:00 am Secretary of State DOCUMENT # 517851 1. Éntity Name REASONABLE TREE SERVICE & LANDSCAPING, INC. 02-12-2001 90228 002 ***150.00 Principal Place of Business Mailing Address 6411 S.W. 130TH AVE. 6411 S.W. 130TH AVE. FT LAUDERDALE FL 33330 FT LAUDERDALE FL 33330 715099 2. Principal Place of Business 3. Mailing Address رادون وجيوستديد ود Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1700169 Not Applicable Zip Zìp Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BUZZELLA, JOHN E. Street Address (P.O. Box Number is Not Acceptable) 6411 SW 130 AVE. FT LAUDERDALE FL 33330 City 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. -ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE ⇒ Change 🗢 🔃 Addition_ BUZZELLA, JOHN NAME NAME STREET ADDRESS STREET ADDRESS 6411 S.W. 130TH AVE. CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL Delete TITI F TITLE ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition 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:

SYMATURE AND TYPED OR PRINTED MAKE OF SIGNING OFFICER OR DIRECTOR

2-9-2001

305-6214690 Davime Phone #

Daytime Phone #