2003 FOR PROFIT CORPORATION

Secretary of State UNIFORM BUSINESS REPORT (UBR) 05-12-2003 90230 012 ***150.00 558375 **DOCUMENT #** 1. Entity Name EARTH CARE, INC. Principal Place of Business Mailing Address P O BOX 1035 P O BOX 1035 1633 PERIWINKLE WAY 1633 PERIWINKLE WAY SANIBEL FL 33957 SANIBEL FL 33957 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number 59-1798105 Not Applicable Country Zip 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 KNERAM, GEORGE D Street Address (P.O. Box Number is Not Acceptable) ~ 15473 COPRA LN. FT.MYERS FL 33908 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. • ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. JR2E034 (10/02) TITLE : ☐ Delete TITLE ■ Addition KNERAM, GEORGE D. NAME NAME 15473 COPRA LN. STREET ADDRESS STREET ADDRESS FT. MYERS FL CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Delete TITLE Cresienski, Walter J. NAME NAME STREET ADDRESS 13426 HEAKD LN #4 STREET ADDRESS FT. MYERS FL 33908 CITY-ST-ZIP CITY-ST-ZIP TITLE Detete TITLE -☐ Addition - Change CIESIENSKI, WALTER J NAME NAME 13426 HEAKD KB #4 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT. MYERS FL 33908 CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition KNERAM, GEORGE D NAME NAME 15473 COPRA UN. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT. MYERS FL CITY-ST-ZIP TITLE Oelete ☐ Change ☐ Addition NAME NAME STREET ADORESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP 12. 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

FILED

May 12, 2003 8:00 am

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 eath; 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

Alfachment # 558375 10103939

