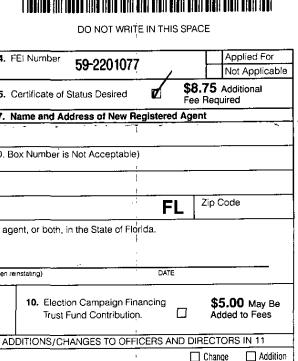
2000 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # F73294** CAPRICORN LANDSCAPING SERVICES AND CONSULTING, I Principal Place of Business Mailing Address 303 S MAGNOLIA AVE S MAGNOLIA AVE 1AMPA FL 33606 TAMPA FL 33606-2237 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number City & State City & State 59-2201077 Country Zip Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MILLER, CHRIS Street Address (P.O. Box Number is Not Acceptable) 4219 SAN PEDRO TAMPA, FL 33629 City 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 DATE Signature, typed or printed name of registered agent and title if applicable (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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Delete TITLE TITI F MILLER, CHRIS NAME NAME STREET ADDRESS STREET ADDRESS 4219 SAN PEDRO CITY-ST-ZIP CITY-ST-ZIF TAMPA, FL 00000 Delete TITLE

FILED May 31, 2000 8:00 am Secretary of State

05-31-2000 90033 001 ***158.75



☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7iP CITY-ST-ZIF Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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:

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR