2000 UNIFORM BUSINESS REPORT (UBR)

FILED May 05, 2000 8:00 am Secretary of State **DOCUMENT # F93513** JACK GRAY LANDSCAPING INC. 05-05-2000 90089 025 ***150.00 Mailing Address Principal Place of Business 3000 DARTMOUTH AVENUE NORTH P.O. BOX 12522 ST PETERSBURG FL 33713 ST. PETERSBURG FL 33733-2522 C0083303 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 59-2247321 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent --6. Name and Address of Current Registered Agent Name GRAY, SUSANNE Street Address (P.O. Box Number is Not Acceptable) 3000 DARTMOUTH AVENUE NORTH ST. PETERSBURG FL 33713 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. 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 MAY 1, 2000 Fee will be \$550.00 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 11. OFFICERS AND DIRECTORS 12. ☐ Addition ☐ Change TITLE Delete TITLE NAME GRAY, JACK NAME STREET ADDRESS STREET ADDRESS 3000 DARTMOUTH AVE. N. CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL 33713 ☐ Addition ☐ Change ST Delete TITLE NAME NAME GRAY, SUSANNE STREET ADDRESS STREET ADDRESS 3000 DARTMOUTH AVE. N. CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL 33713 Delete ~-- ~ ☐ · Change Addition NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition □ Delete TITLE TITLE NAME 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 attachmen with an address, with all other like empowered. **SIGNATURE:**