2001 UNIFORM BUSINESS REPORT (UBR)

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

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

May 03, 2001 8:00 am Secretary of State DOCUMENT # F96000002499 BALDWIN SOD FARMS, INC. 05-03-2001 90914 028 ***150.00 Mailing Address Principal Place of Business P.O. BOX 2542 2280 80TH COURT VERO BEACH FL 32961 VERO BEACH FL 32966 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3361648 Not Applicable \$8.75 Additional Country Zip Zip 5. Certificate of Status Desired 7. Name and Address of New Registered Agent. 6. Name and Address of Current Registered Agent Name BALDWIN, MARK Street Address (P.O. Box Number is Not Acceptable) 8280 8TH STREET POB 6721 VERO BEACH FL 32961 Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2001, Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (10/00) President TITLE ☐ Delete TITLE mark Baldwin BALDWIN, MARK NAME NAME 8280 8Th St. STREET ADDRESS STREET ADDRESS 8280 8TH STREET CITY-ST-ZIP CITY-ST-ZIP VERO BEACH FL 32960 ☐ Change TITLE Delete TITLE SHOAFF, THOMAS NAME NAME STREET ADDRESS STREET ADDRESS 111 E. WAYNE CITY-ST-ZIP CITY-ST-ZIP FORT WAYNE IN 46802 ☐ Change " Addition -__ Delete TITLE NAME NAME¹ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ 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