2001 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 03, 2001 8:00 am Secretary of State **DOCUMENT # G36655** 1. Entity Name TALLAHASSEE SOIL TECH, INC. 02-03-2001 90071 024 ***150.00 Principal Place of Business Mailing Address 3045 WEST THARPE ST. 3045 WEST THARPE ST. TALLAHASSEE FL 32303 TALLAHASSEE FL 32303 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2283246 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DONA ID BISHOP, DONALD B ress (P.O. Box Number is Not Acceptable) 1452 SILVER PINE LANE TALLAHASSEE FL 32312 entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above name SIGNATURE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition **PST** TITLE ☐ Delete TITLE BISHOP, DONALD NAME NAME STREET ADDRESS STREET ADDRESS 2009 AMBIOSE COURT CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32308 ☐ Change ☐ Addition ☐ Delete TITLE TITLE BISHOP, DONALD B NAME NAME 2009 AMBIOSE COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32308 ☐ Addition ☐ Change ... Delete TITLE TITLE BISHOP, CAROL S NAME NAME STREET ADDRESS STREET ADDRESS 2009 AMBIOSE COURT CITY-ST-ZIP TALLAHASSEE FL 32308 CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE ANDERSON, CLAYTON E NAME NAME STREET ADDRESS STREET ADDRESS 2830 PINE RIDGE ROAD CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL ☐ Addition ☐ Delete ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 13. 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 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.

E OF SIGNING OFFICER OR DIRECTOR