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FILED
Jun 22, 2001 8:00 am
Secretary of State

05-15-2001 90111 013 ***150.00

8435 [redacted]

DO NOT WRITE IN THIS SPACE

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G44933

1. Entity Name
L.A.W. HORTICULTURAL SERVICES, INC.

Principal Place of Business	Mailing Address
4600 LONGLEAF LANE SARASOTA FL 34241	4600 LONGLEAF LANE SARASOTA FL 34241

2. Principal Place of Business	3. Mailing Address
74 W. FLAMINGO DR	P O Box 178
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Everglades City, FL	City & State: Everglades City, FL
Zip: 34139-0178 / Country: Collier	Zip: 34139-0178 / Country: Collier

4. FEI Number 59-2323557 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WEBER, LARRY A 4600 LONGLEAF LANE SARASOTA FL 34241	Name: Larry A. Webber WEBER Street Address (P.O. Box Number is Not Acceptable): P O Box 178 74 W. FLAMINGO DR City: Everglades City FL Zip Code 34139-0178

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 Larry A. Weber LARRY A. WEBER 4-30-01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11:	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WEBER, LARRY A 4600 LONGLEAF LANE SARASOTA FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Larry A. Webber WEBER P. O. Box 178 Everglades City, FL 34139-0178 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Larry A. Weber Larry A. Webber WEBER 4-30-01 (941) 695-8475
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #