2001 UNIFORM BUSINESS REPORT (UBR)

Feb 13, 2001 8:00 am Secretary of State DOCUMENT # H52867 1. Entity Name BAUER'S LAWN MAINTENANCE AND NURSERY, INC. 02-13-2001 90580 005 ***150.00 Principal Place of Business Mailing Address 10475 RIVERSIDE DR 10475 RIVERSIDE DRIVE PALM BEACH GARDENS FL 33410 PALM BEACH GARDENS FL 33470 **60020746** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2509755 Not Applicable Zip Country 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 BAUER, KIMM: Street Address (P.O. Box Number is Not Acceptable) 2985 RANCE ACRES CIR. JUPITER FL 33478 Zip Code 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. 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 \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE Addition TITLE ☐ Delete NAME NAME BAUER, KIMM LOU STREET ADDRESS STREET ADDRESS 2985 RANCH ACRES CIR CITY-ST-ZIP CITY-ST-ZIP JUPITER FL 33478 ☐ Change ☐ Addition ☐ Delete TITI F TITLE NAME NAME BAUER, YOKO L. STREET ADDRESS STREET ADDRESS 2985 RANCH ACRES CIR CITY-ST-ZIP CITY-ST-ZIP JUPITER FL 33478 - -Delete TITLE TITLE Change ☐ Addition BAUER, JULIE NAME NAME STREET ADDRESS STREET ADDRESS 2985 RANCH ACRES CIR CITY-ST-ZIP CITY-ST-ZIP JUPITER FL 33478 TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change TITLE ☐ Addition 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 attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/01

5617439533

Daytime Phone

FILED