2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J82599 Apr 19, 2000 8:00 am Secretary of State 1. Entity Name ARMSTRONG LANDSCAPING, INC. 04-19-2000 90017 023 ***150.00 Principal Place of Business Mailing Address 1201 EDGEHILL ROAD 1201 EDGEHILL RD W. PALM BEACH FL 33417-5605 W. PALM BEACH FL 33417 NATHWO 3. Mailing ***dress 2. Principal Place of Bushass Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State -City & State 4. FEI Number 59-2760761 Not Applicable 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 Morvin HAMPTON, MARVIN E is Not Acceptable) 1201 EDGEHILL RD W. PALM BEACH FL 33417 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, or both the purpose of changing its registered office or registered agent, or both. **SIGNATURE** 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Change Addition TITLE ☐ Delete TITLE ARMSTRONG, CAROL NAME NAME 1201 EDGEHILL RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP W. PALM BEACH FL CITY-ST-ZIP Change Addition TITLE TITLE ☐ Delete ARMSTRONG, CAROL NAME NAME STREET ADDRESS STREET ADDRESS 1201 EDGEHILL RD CITY-ST-ZIP CITY-ST-ZIP W. PALM BEACH FL 33417 ☐ Addition TITLE ☐ Delete TITLE Masvin HAMPTON, MARVIN E NAME NAME Inshore Dr. STREET ADDRESS 1201 EDGEHILL ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33417 ☐ Addition TITI E Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 epployments.

CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

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