2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Feb 19, 2002 8:00 am Secretary of State J95814 **DOCUMENT #** 1. Entity Name 02-19-2002 90036 041 ***150.00 HEARTSONG PONDS & WATERFALLS, INC. Mailing Address Principal Place of Business 11215 150TH CT., NORTH 11215 150TH CT., NORTH JUPITER FL 33478 JUPITER FL 33478 2. Principal Place of Business Mailing Address 1:30rt0 13049 Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0007075 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HEARTSONG, ROBERT O. Box Number is Not Acceptable) 11215 150TH CT. NORTH JUPITER FL 33458 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 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (9/01) Change ☐ Addition TITI F TITLE □ Delete M3 Lighthouse Dr North Parm Beach, Fl NAME HEARTSONG, ROBERT NAME 4 STREET ADDRESS 11215 150TH CT., NORTH STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Jupiter FL Change ____ Addition_ Delete TITLE NAME HEARTSONG, TONI NAME STREET ADDRESS STREET ADDRESS 11215 150TH CT CITY-ST-ZIP CITY-ST-ZIP JUPITER FL 33478 ☐ Addition Change TITI F ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.

FILED