2001 UNIFORM BUSINESS REPORT (UBR) Apr 19, 2001 8:00 am Secretary of State **DOCUMENT # K32564** 1. Entity Name LAWN MAKER INC. 04-19-2001 90101 021 ***150.00 Principal Place of Business Mailing Address 5359 LANTANA RD 5359 LANTANA RD LAKE WORTH FL 33463 LAKE WORTH FL 33463 65 Lantana W 2. Principal Place of Business DO NOT WRITE IN THIS SPACE 50C 20 Applied For 4. FEI Number 65-0124116 DOINTH FL Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name KIELMAN, BJORN Street Address (P.O. Box Number is Not Acceptable) 5359 LANTANA ROAD LAKE WORTH FL 33463 statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida 8. The above named entit SIGNATURE re required when reinstating Signature, typed or pr FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intengible 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. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Delete TITLE TITLE KIELMAN, BJORN NAME NAME STREET ADDRESS 5359 LANTANA ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKE WORTH FL ☐ Delete TITLE 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 ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITEE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 13. I hereby certify that the information supplied with indicated on this report or supplemental report is if this filing does not qualify for the exemption stated in Section 119.07(3)(I), Florida Statutes. I further certify that the information is frue and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director ownered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if of the corporation or the receiver or trustee changed, or on an attachment with an access all other like empowered. SIGNATURE:

SIGNATURE AND TYP

INTED MAME OF SIGNING O