2001 UNIFORM BUSINESS REPORT (UBR) **FILED** Jan 08, 2001 8:00 am Secretary of State **DOCUMENT # L35360** PREMIER LANDSCAPING, INC. 01-08-2001 90012 006 ***150.00 Principal Place of Business Mailing Address %RICHARD B. MAGOLAN %RICHARD B. MAGOLAN 1751-ST. ANTHONY DRIVE 1751-ST. ANTHONY DRIVE CLEARWATER FL 34619 CLEARWATER FL 34619 2. Principal Place of Business 3. Mailing Address - 11631 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State 59-2981079 Not Applicable =:.. Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent _ = :-**=** 8.77 MAGOLAN, RICHARD B. Street Address (P.O. Box Number is Not Acceptable) 1751-ST. ANTHONY DRIVE **CLEARWATER FL 34619** Zip Code City FI 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) 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 (10/00)☐ Addition PTD Delete TITLE ☐ Change TITLE MAGOLAN, RICHARD B. NAME NAME **=** i.m. STREET ADDRESS STREET ADDRESS 1751-ST. ANTHONY DRIVE CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL ☐ Addition ☐ Change VSD Delete TITLE MAGOLAN, JANET C. NAME NAME STREET ADDRESS STREET ADDRESS 1751-ST. ANTHONY DRIVE CITY-ST-7IP CITY-ST-ZIP **CLEARWATER FL** ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE NAME **=** # 4 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE NAME NAME

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 charged, or on an attachment with an address with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

Richard B. Magolan