2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Apr 17, 2001 8:00 am Secretary of State DOCUMENT # L35403 1. Entity Name KROSLAK'S LANDSCAPE - TREE MOVING, INC. 04-17-2001 90082 022 ***158.75 Principal Place of Business Mailing Address % STEVE KROSLAK JR % STEVE KROSLAK JR 5700 KELLY RD 5700 KELLY RD 743278 PLANT CITY FL 33565 PLANT CITY FL 33565 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-2980439 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KROSLAK, STEVE JR. Street Address (P.O. Box Number is Not Acceptable) 5700 KELLY ROAD PLANT CITY FL 33565 Zip Code City 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 After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 12. 11. CR2E034 (10/00) TITLE ☐ Delete TITLE ☐ Change KROSLAK, STEVE JR NAME NAME STREET ADDRESS STREET ADDRESS 5700 KELLY RD CITY-ST-ZIP CITY-ST-ZIP PLANT CITY FL VST TITLE TZV ■ Addition TITLE Delete Kroslak, Dee M. NAME KRODLAK, STEPHANIE NAME 5700 Kelly Road STREET ADDRESS STREET ADDRESS 5700 KELLY ROAD CITY-ST-ZIP Plant City, FL 33565-3558 CITY-ST-ZIP PLANT CITY FL 33565-3558 TITLE ☐ Delete TITLE ☐ Change . ☐ Addition KROSLAK, DEE M NAME NAME STREET ADDRESS STREET ADDRESS 5700 KELLY RD CITY-ST-ZIP CITY-ST-ZIP PLANT CITY FL 33565-3558 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 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 the empowered.

STEVE

SIGNATURE AND TYPED OR PRINTED YAME OF SUCHING OFFICER OR DIRECTOR