2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

DOCUMENT # L39452 Apr 21, 2000 8:00 am Secretary of State FISCHER & FISHER LANDSCAPING & LAWN SERVICE, INC 04-21-2000 90167 024 ***150.00 Principal Place of Business Mailing Address 810 DUTCH CT. S.E. 6852 S BABCOCK ST PALM BAY FL 32909-6609 PALM BAY FL 32909 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0162113 Not Applicable Country \$8.75 Additional 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 FISCHER, RAYMOND Street Address (P.O. Box Number is Not Acceptable) 810 DUTCH COURT, SE PALM BAY FL 32909 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 Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. TITLE Addition ☐ Delete FISCHER, RAYMOND NAME DUTCH 810 DUTCH CT SE STREET ADDRESS STREET ADDRESS 32909 CITY-ST-ZIP PALM BAY FL CITY-ST-7IP X Change ☐ Addition ☐ Delete TITLE TITLE FISCHER, KRISTIN A. NAME NAME 810 DUTCH COURT SE STREET ADDRESS STREET ADDRESS PALM BAY FL CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE 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 received 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 a