2001 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 13, 2001 8:00 am **DOCUMENT # M41672** Secretary of State 1. Entity Name AGRI-LAWN, INC. 02-13-2001 90565 005 ***158.75 Principal Place of Business Mailing Address 7869 W 26 AVE 7869 W 26 AVE. HIALEAH FL 33016 HIALEAH FL 33016 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 59-2756820 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HARTMAN, MICHAEL G. Street Address (P.O. Box Number is Not Acceptable) 7869 W. 26TH AVE. HIALEAH FL 33016 Zip Code FL 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition Change Delete TITLE TITLE NAME NAME HARTMAN, MICHAEL G. STREET ADDRESS STREET ADDRESS 1135 103 STREET D-2 CITY-ST-ZIP CITY-ST-ZIP **BAY HARBOR ISLAND FL 33154** Addition Change TITLE X Delete TITLE 9800 Collins Ave #105 BAL HARBOUR, FL 33154 NAME NAME HARTMAN, MARIE J STREET ADDRESS STREET ADDRESS 7869 W 26 AVE CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33016 ☐ Delete TITLE Change Addition TITLE NAME, ALBERN, ANDREW = ----NAME ____ STREET ADDRESS 1302 SOUTH 22 COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33020 ☐ Change ☐ Addition Delete ' TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ... Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 ess, with all other like empowered.

CITY-ST-ZIP

CITY-ST-ZIP

MICHAEL G. HARTMAN DP