2001 UNIFORM BUSINESS REPORT (UBR) NONPROFIT DOCUMENT #N9700002450 FILED TURF Equipmen Service Technicians Ass.

Principal Place of Business Mailing Address 01 JUL -9 AM 10: 30 SECRETARY OF STATE
TABLEAHASSEE, FUORIDA Post office Boy 623 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied-For-59-343*8*4 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Kuopman-George M Street Address (P.O. Box Number is Not Acceptable) 797 Walker Blud Naples FL 34110 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. 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00* 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 OFFICERS AND DIRECTORS 12:----==ADDITIONS/CHANGES:TO OFFICERS AND DIRECTORS IN 1.1. 11. TITLE 1 KOOPMAN GEORGE M. Defete Change ☐ Addition NAME NAME 792 Walker Blud. D STREET ADDRESS STREET ADDRESS NAPles FI CITY-ST-ZIP CITY-ST-ZIP Pizesidend TITLE ☐ Delete TITLE Change Great Angelovich
1209 SE 32 MIST
Cape Coral Fl. 33904 NAME NAME 400004481464---4 办 STREET ADDRESS STREET ADDRESS -07/17/01--01093--015 CITY-ST-ZIP CITY-ST-7IP *****61.25 *****61.25 ☐ Change ☐ Addition secretary TITLE □ Delete TITLE cook NAME NAME Tim STREET-ADDRESS 3170-5-HORSLOE de STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPles FL- 34104 TITLE Change Addition TITLE ☐ Delete Jorge L. Jimenez NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition Delete 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

George M. Loppman 6-10-1 941-593 8522

changed, or on an attachment with an address, with all other like empowered

SIGNATURE