FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)** 0000000 379 **DOCUMENT#** FILED ECRETARY OF STATE Ron Butler handscaping & Solding, TWC DIVISION OF CORPORATIONS 02 JUN 20 PM 2: 02 DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address 429 Boaver Creek Drive 429 Beaver Creek Drive Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State v & State 59-3623180 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of Current Registered Agent d Butler DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable)
429 Beaver Creek Drive IN THIS SPACE JOUR 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) DATE January 1 - May 1 Fee is \$150.00 9. This corporation is eligible to satisfy its Intangible After May 1, Fee is \$550.00 Amended UBR is \$61.25 10. Election Campaign Financing \$5.00 May Be 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 11. CR2E034B (12/01) TITLE TITLE PresideNT Ronald Butter NAME NAME 19 Beaver Crest STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 800005891038-TITLE TITLE -06/20/02--01044--022 NAME NAME STREET ADDRESS STREET ADDRESS ****150.00 ****150.00 CITY-ST-ZIP CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS **DO NOT WRITE** CITY-ST-ZIP CITY-ST-ZIP TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE . TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP

13. Thereby 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 on an

6 20 2002 850-556-976

TRonald Butler Sid Not Feceive My 2002 U.B.R For Ron Butler Landscaping + Sodding, Inc Document # P00000003796

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