APR.29'2003 09:33 4073392521 WOLFE YOUNG COMP.

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May 05, 2003 8:00 am
Secretary of State

05-05-2003 91838 003 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000007404

1. Entity Name
TRI-MAC LAWN CARE, INC.

Principle Place of Business
2416 OAK PARK DRIVE
DELAND, FL 32724

Mailing Address
PO BOX 74-0526
DELAND, FL 32724

2. Principle Place of Business — Suite, Apt. #, etc. — City & State — Zip — County

3. Mailing Address — Suite, Apt. #, etc. — City & State — Zip — Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3323792 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
BERKOON, GARY M
1132 SYMONDS AVENUE
WINTER PARK, FL 32789

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City — FL — Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ Registered Agent — Date

9. Electronic Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

Title	Name	Street Address	City-St-Zip	
D	MCVEIGH, WILLIAM JAMES	2416 OAK PARK DRIVE	DELAND, FL 32724	☐ Change
				☐ Delete
				☐ Delete
				☐ Delete
				☐ Delete
				☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

Title	Name	Street Address	City-St-Zip	
				☐ Change ☐ Addition
				☐ Change ☐ Addition
				☐ Change ☐ Addition
				☐ Change ☐ Addition
				☐ Change ☐ Addition
				☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or is an attachment with an address, with all other like empowered.

SIGNATURE: William James McVeigh — 4/29/03 — Pres.
SIGNATURE OF A NEW OFFICER OR DIRECTOR REQUIRED FOR ADDITION — Date — Capacity/Title