2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 25, 2001 8:00 am Secretary of State DOCUMENT # **P00000018123** G & L OUTDOOR SERVICES, INC. 04-25-2001 90136 043 ***150.00 Principal Place of Business Mailing Address 1128 BUCKBEAN BRANCH 1128 BUCKBEAN BRANCH JACKSONVILLE FL 32259 JACKSONVILLE FL 32259 DODZOLOO 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For saltimore Not Applicable Zip 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 PEPPER, RICHARD C JR. Street Address (P.O. Box Number is Not Acceptable) 3030 HARTLEY RD., SUITE 150 JACKSONVILLE FL 32257 Zio 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 Fiorida. Signature, typed or printed name of registered agent and title if applicable (NOTF: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 (Sec criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE CR2E034 (10/00) Addition ☐ Change HARRINGTON, GEORGE H JR. NAME NAME STREET ADDRESS 1128 BUCKBEAN BRANCH STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP JACKSONVILLE FL 32259 SITLE SD ☐ Delete TITLE Change Addition HARRINGTON, LAURIE L NAME NAME STREET ADDRESS 1128 BUCKBEAN BRANCH STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32259 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME HARRINGTON, LINDA L STREET ADDRESS 1128 BUCKBEAN BRANCH STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP President TITLE Delete Change George Harrington Sr. 232 Vivage Green Ave NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Jacksmville FL TITLE Delete TITLE Change ■ Addition NAME NAME. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ De!ete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 changed, or on an attachment with an address, with all other like empowered.

4/18/01