2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

May 03, 2001 8:00 am DOCUMENT # P0000034868 Secretary of State M-J'S FILL DIRT, INC. 05-03-2001 90373 001 ***300.00 Principal Place of Business Mailing Address 6929 8 ST CT EAST 6929 8 ST CT EAST SARASOTA FL 34243 SARASOTA FL 34243 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Applied For 65-1015073 Not Applicable Country \$8.75 Additional USA 5. Certificate of Status Desired Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GARDEN, MICHELE Street Address (P.O. Box Number is Not Acceptable) 6929 8 ST CT EAST SARASOTA FL 34243 City 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. 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change CR2E034 (10/00) TITLE TITLE , Deleta Michele Garden 7205 Lingen Lodge Rd #61 Bradonton F1 34202 GARDEN, MICHELLE NAME NAME **6929 8 ST CT EAST** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34243 TITLE Delete Delete TITLE soe Hall NAME NAME 7703 Linger Lodge Rd #37 Bradenton, Fl 34202 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change TITLE ☐ Addition 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-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 attachmen hal other like empowered.

BINDED NAME OF SIGNING OFFICER OR DIRECTOR