2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 12, 2001 8:00 am Secretary of State DOCUMENT # P0000056312 1. Entity Name GARDENING ANGELS, INC. 04-12-2001 90033 011 ***150.00 Principal Place of Business Mailing Address 2315 ELIZABETH CT. 2315 ELIZABETH CT. NAPLES FL 34112 NAPLES FL 34112 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 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SHEEHAN, JANE F Street Address (P.O. Box Number is Not Acceptable) 2315 ELIZABETH CT. NAPLES FL 34112 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) DATE 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. Atter 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. SHEEHAN WILLIAM F. III Change 2315 ELIZABETH CT: TITLE Delete SHEEHAN, JANE F NAME NAME 2315 ELIZABETH CT. STREET ADDRESS STREET ADDRESS NAPLES, FL. 34112 CITY-ST-ZIP NAPLES FL 34112 CITY-ST-ZIP SHEEHAN, COLLEEN E. **Addition** ☐ Change ☐ Delete TITLE **D**S TITLE 2315 ELIZABETH CT. NAME NAME STREET ADDRESS STREET ADDRESS NAPLES, FL. 34112 CITY-ST-7IP CITY-ST-ZIP SHEEHAN, JANE F. TITLE DP Change ☐ Addition □ Delete TITLE NAME 2315 ELIZABETH CT. NAME STREET ADDRESS STREET ADDRESS NAPLES, FL 34112 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP