FILED 2002 UNIFORM BUSINESS REPORT (UBR) Apr 22, 2002 8:00 am Secretary of State DOCUMENT # P00000058050 1. Entity Name 04-22-2002 90295 037 ***150.00 LAWNS FIRST, INC. Principal Place of Business Mailing Address 1121 LEWIS AVENUE 1121 LEWIS AVENUE SARASOTA FL 34237 SARASOTA FL 34237 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE O. Box 20842 10. Box 20842 Applied For 4. FEI Number 65-1016924 radenton Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Gamble GAMBLER, JEFFREY Street Address (P.O. Box Number is Not Acceptable) 1121 LEWIS AVE 54, SARASOTA FL 34237 Zip Code 34203 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. ted name of registered agent and title if applicable 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, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE Change ☐ Addition Jeffrey Gamblel P.O Box 20842 NAME GAMBLER, JEFFREY NAME 1121 LEWIS AVENUE P.O BOX 20842 STREET ADDRESS STREET ADDRESS SARASOTA FL 34237 Bradenton FL 34204 CITY-ST-ZIP CITY-ST-ZIP Bradenton FL 34204 TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP ≈TITLE . --- Defete ب. جي _يج. جي . Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

Jeffrey Gambler

☐ Change

☐ Addition