FILED

. 2001 UNIFORM BUSINESS REPORT (ÙBR)

CITY-ST-ZIP

SIGNATURE:

Sep 21, 2001 8:00 am Secretary of State DOCUMENT # P0000060968 1. Entity Name HIGHLAND'S RESERVE LAWN SERVICE, INC. 05-10-2001 90221 004 ***150.00 Principal Place of Business Mailing Address 9230 U.S. HIGHWAY 192 9230 U.S. HIGHWAY 192 CLERMONT FL 34741 CLERMONT FL 34741 78646 2. Principal Place of Business 3. Mailing Address Suite, Apt, #, etc. Suite, Apt. #, etc. City & State City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HAYES, ROBERT S Street Address (P.O. Box Number is Not Acceptable) 441 WEST VINE STREET KISSIMMEE FL 34741 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 (NOTE: Registered Agent signature required when rein 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Added to Fees Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. (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 Addition CR2E034 (10/00) ☐ Change WILKES, RICHARD NAME STREET ADDRESS 9230 U.S. HIGHWAY 192 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP CLERMONT FL 34741 TITLE Oelete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TIT! F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-7IB CITY-\$1-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Defete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS

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 cath, that I am an officer or director of the corporation or the receiver of 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