FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

AMENDED.

FILED
02 DEC 19 PM 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500009601415
12/19/02--01084--002 **61.25

DOCUMENT # P01000015751

1. Entity Name
Hortico ~~Inc~~ n/n. Landscape Services Inc.

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
1841 dancy St	1841 dancy St
Suite, Apt. #, etc.: #1	Suite, Apt. #, etc.: #1
City & State: Jacksonville, FL	City & State: Jacksonville FL
Zip: 32205 Country: ~~DUVAL~~ USA	Zip: 32205 Country: USA

4. FEI Number: 59-3722253 ☐ Applied For ☑ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name: Michael Grant Nemier

Street Address (P.O. Box Number is Not Acceptable): 1841 Dancy St #1

City: Jacksonville, FL FL Zip Code: 32205

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] Michael Grant Nemier President DATE: 12/10/02
Signature, type or print name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

January 1st - May 1st Fee is $150.00
After May 1st Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	President
NAME	Michael Grant ~~Nemier~~ Nicmeyer
STREET ADDRESS	1841 Dancy St #1
CITY-ST-ZIP	Jacksonville FL 32205
TITLE	Vice President
NAME	Christopher Charles LaBarbera
STREET ADDRESS	1235 Wolfe St
CITY-ST-ZIP	Jacksonville, FL 32205
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] Michael Grant Nemier 12/10/02 (904) 868-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #