2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Mar 31, 2003 8:00 am Secretary of State P01000033093 DOCUMENT # 03-31-2003 90235 035 ***150.00 1. Entity Name TURF TECHNOLOGIES INTERNATIONAL, INC. Principal Place of Business Mailing Address 1800 CENTRAL BLVD 1800 CENTRAL BLVD JUPITER FL 33458 JUPITER FL 33458 2. Principal Place of Business 3. Mailing Address 18337 Oakleaf Same Suite, Apt. #, etc. Suite, Apt. #, etc. TY CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 65-1123014 Jupiter, Not Applicable Country U. 5. Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Byan K, ddle KRASULA, SHERRY Street Address (P.O. Box Number is Not Acceptable) 1800 CENTRAL BLVD JUPITER FL 33458 Jupiter 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. I am familiar with, and accept the obligations of registered agent. 3/24/03 SIGNATURE Signature, typed or printed n (NOTE: Registered Agent signature required when reinstating) ed agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 10 11. Director Addition Delete TITLE Heidi Riddle CR2E034 (10/02 TITLE KRASULA, SHERRY 18337 Oakleaf Drive NAME NAME 1800 CENTRAL BLVD STREET ADDRESS STREET ADDRESS JUPITER FL 33458 CITY-ST-ZIP CITY-ST-7P Jupiter, FL 33458 Craig Perkins - Director TITLE ☐ Change TITLE ☐ Delete → Addition RIDDLE, BRYAN NAME NAME 17845 131st Terrace North 1800 CENTRAL BLVD STREET ADDRESS STREET ADDRESS Jupiter, FL 33418 CITY-ST-7IP JUPITER FL 33458 CITY-ST-7IP Director endrate 🖵 TITLE ☐ Addition TITLE ☐ Delete Bryan Riddle NAME NAME 18337 Oakleaf Drive STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP --- [Change ☐ Addition TITLE Delete ---NAME NAME 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-ZIP Delete TITLE ☐ Addition NAME NAME STREET ADDRESS

12. 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 10 or Block 11 if changed, or on an attachment th all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

FILED