FOR PROFIT CORPORATION UNIFORM BUSINESS REFORT (UBR)

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Daytime Phone #

| DOCUMENT # PO10000 |] | | | | | |
|--|--|--|--|--------------------------|--|----------------------------|
| 1. Erity Name REX SHIVER LANDSCAPING, INC. | | | FILED 02 0CT 24 AN IO: 57 | | | |
| | | | | | | DO NOT WRITE IN THIS SPACE |
| 2. Principal Place of Business | 3. Mailing Address | | | | - pr. 1 (127) 1 ₂ / | |
| Principal Place of Business 3. Mailing Address P.O. Box 2065 Suite, Apt. #, etc. Suite, Apt. #, etc. | | 2065 | 1 1 | | | |
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| QUINCY, FL. QUINCY, | | L. | 4. FEI Number 59- 37/324 | 5 | Applied For Not Applicable | |
| 32351 GADSOLUSA | 32353 - 2065 | Country A. | 5. Certificate of Status De | | 8.75 Additional | |
| | | | 7. Name and Address of C | urrent Registered / | | _ |
| IN THIS SPACE | | | P.O. Box Number is Not Acceptable) | | | |
| | | | | | | |
| | | | | SHADY DAKS DRIVE | | |
| 8. The above named entity submits this statement for t | be purpose of changing its r | City Tall (1) egistered office or registered | 1455 R.C. ed agent, or both, in the State | FL e of Florida | 323°03 | - |
| SIGNATURE WILL. | 200/0 | HARUKS H. BE | | 10-23-26 | ^ | |
| Signature, typed or printed name of registered agent and | | Registered Agent signature required | when reinstating) | DATE | | |
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) Amended UBR is \$61.25 | | | 10. Election Campai | | \$5.00 May Be | |
| (See criteria on back) 11 OFFICERS AND DI | Make Check Payabi | e to Department of State | ······································ | | Added to Fees |] |
| TITLE PRESIDENT NAME REL D. SHIYLR | | TITLE NAME | The state of the s | | | (50) |
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| CITY-SI-ZIP QUINCY, FL. 32351 | | CITY-ST-ZIP | | | | CR2E034B (12/01 |
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| TIFLE NAME | | TITL | CANCEL SERVICE COMMUNICATION CONTRACTOR CONT | SPACI | Parties and recommendation of the second | |
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| TTY-ST-ZIP | | STREET ADDRESS CITY-ST-ZIP | | | | |
| I hereby certify that the information supplied with this indicated on this report or supplemental report is tru- of the corporation or the receiver or trustee empower | filing does not qualify for the and accurate and that my | e exemption stated in Secti signature shall have the sar | on 119.07(3)(i), Florida Statu ne legal effect as if made un | tes. I further certify t | hat the information | |
| of the corporation or the receiver or trustee empower attachment with an address, with all other like empo | ared to execute this report a gered. | is required by Chapter 607, | Florida Statutes; and that m | ly name appears in | Block 11 or on an | |
| SIGNATURE: SIGNATURE AND TYPED OR PRINT | ED NAME OF SIGNING OFFICER OR | DIRECTOR / U | -23-2002 | 850-627- | 4299 | |
| / | | | Date | Daytime | Obone & | |



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P.O. Box 2065 Quincy, Florida 32353

October 22, 2002

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL. 32314

To Whom It May Concern,

On October 21, 2002, we received a notice via the U.S. Postal Service of administrative dissolution for the incorporation of Rex Shiver Landscaping, Inc. Upon further inquiry concerning this matter, we were informed that the registered agent as listed on the report filed in May of 2002 was incorrect.

To date, we have not received any notice that there was a problem with the filing of our UBR form in May of 2002. We are re-filing the corrected report, as instructed, and have enclosed a copy of our cancelled check to verify that the payment was made at the proper time.

We regret the occurrence of this situation but we had no knowledge of the problem until we received the dissolution notice. We certainly did not intend to allow any delay in properly filing our report at the correct time and would have acted in a timely fashion once we had known of the problem.

Thank you for your assistance in this matter.

Sincerely,

Charles H. Bert Vice President

Rex Shiver Landscaping, Inc.