2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Mar 31, 2002 8:00 am Secretary of State **DOCUMENT #** P01000039212 1. Entity Name 02-18-2002 90153 025 ***150.00 LANDCO LANDSCAPE COMPANIES, INC. Principal Place of Business Mailing Address 7777 HOMRICH LN 7777 HOMRICH LN DELRAY BCH FL 33446 DELRAY BCH FL 33446 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Country Zip Country \$8.75 Additional 5. Certificate of Status Desired USA Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LLOYD, WILLIAM Number is Not Acceptable) 7777 HOMRICH LN DELRAY BCH FL 33446 561 865-8503 Office 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 NOAH Fischer SIGNATURE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. President TITLE ☐ Addition CR2E034 (9/01) TITLE Delete NOAH Fischer NAME NAME beerfield Bel Fl 33441 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Vice President Change Addition TITLE TITLE Bill Lloyd Non SE 5 C+ NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY, CT. 7IP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADORESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 jive empowered.

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