FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State
05-27-2002 90451 026 ***150.00

DOCUMENT # P01000045458

1. Entity Name

Royal Lawn & Landscape Care (Inc.)

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
City of Palm Coast Suite, Apt. #, etc.	P.O. Box 2151 Suite, Apt. #, etc.
City & State: Palm Coast, FL Zip: 32137 Country: Flagler	City & State: Bunnell, FL Zip: 32110 Country: Flagler

4. FEI Number: 59-3641253 — Applied For ☐ Not Applicable ☒

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Shawn P. York (pres)

Street Address (P.O. Box Number is Not Acceptable): 69 Margaret Rd.

City: Ormond Beach FL Zip Code: 32176

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: Shawn P. York (pres) Shawn P. York DATE: 5/16/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒	January 1 - May 1 Fee is $150.00 After May 1, 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	President Shawn York 69 Margaret Rd. Ormond Beach, FL 32176
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President Jeffery A. Buono 32176 54 Seaside Dr. Ormond Beach, FL
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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: Shawn P. York Shawn P. York 5/16/02 386-441-9359
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #