FILED
Apr 07, 2002 8:00 am
Secretary of State

02-27-2002 90313 030 ***150.00

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2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000059432

1. Entity Name
SHARK COMPLETE LAWN SERVICE, INC.

Principal Place of Business	Mailing Address
1767 JOG ROAD APT 206	1767 JOG ROAD APT 206
ROYAL PALM BEACH FL 33411	ROYAL PALM BEACH FL 33411

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
5099 PALM HILL Dr		5099 PALM HILL Dr	
Suite, Apt. #, etc. 374-Z		Suite, Apt. #, etc. 374-2	
City & State WEST PALM BEACH		City & State WEST PALM BEACH	
Zip 33415	Country P.B	Zip 33415	Country PB

4. FEI Number 65-1112517 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CORPORATE CREATIONS NETWORK INC.	Name SUJAGUI ALI
941 FOURTH STREET #200	Street Address (P.O. Box Number is Not Acceptable) 5099 PALM HILL Dr #374-2
MIAMI BEACH FL 33139	City WEST PALM BEACH FL Zip Code 33415

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] Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 3-28-02

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

FILE NOW!!! FEE IS $150.00
After May 1, 2002 Fee will be $550.00
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SUBERBI, EDGAR 1767 JOG ROAD APT 206 ROYAL PALM BEACH FL 33411	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SUJAGUI, ALI 1767 JOG ROAD APT 206 ROYAL PALM BEACH FL 33411	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/01)

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED [signature] 2-12-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #