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

Sep 05, 2003 8:00 am Secretary of State DOCUMENT # P01000070386 09-05-2003 90111 008 ***150.00 1. Entity Name FOUR T LAWN & LANDSCAPING, INC. Principal Place of Business Mailing Address 201 EAST PALM AVE PO BOX 2706 BUNNELL FL 32110 BUNNELL FL 32110-2706 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number 59-3742083 Not Applicable Country Zip Zip 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 JAMES P TULLY, JR PHIPPINS, MARJORIE M Street Address (P.O. Box Number is Not Acceptable) 201 E PALM STREET 4829 SOUTH U.S. HWY 1 BUNNELL FL 32110 POBX 2706 32110 BUNNELL 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. SIGNATURE\ (NOTE: Registered Agent signature required when reinstating) 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 11 10. 11. PRESIDENT Change TITLE XX Delete TITLE Addition JAMES P TULLY JR NAME NAME PHIPPINS, MARJORIE M 201 E PALM ST STREÉT ADDRESS STREET ADDRESS 4829 S US 1 CITY-ST-ZIP CITY-ST-ZIP BUNNELL FL 32110 **BUNNELL FL 32110** TITLE TITLE ☐ Change ☐ Addition X Delete NAME NAME TULLY, JR. JAMES P STREET ADDRESS STREET ADDRESS 201 E PALM STREET CITY-ST-ZIP CITY-ST-ZIP BUNNELL FL 32110 TITLE ☐ Defete TITLE ☐ Addition Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

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 with an address, with all other like empowered.

May 01, 2003
Dayline Phone #