2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 13, 2002 8:00 am § Secretary of State DOCUMENT # P01000100686 1. Entity Name 05-13-2002 90197 015 ***150.00 C & C CUSTOM LAWN CARE COMPANY Principal Place of Business Mailing Address 23044 OLD INLET BRIDGE DRIVE 23044 OLD INLET BRIDGE DRIVE **BOCA RATON FL 33433 BOCA RATON FL 33433** 2. Principal Place of Business 3. Mailing Address 23044 Old Inlet Bridge Drive 23044 Old Inlet Bridge Dr Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State (4. FEI Number City & State Applied For Boca Radon flovida Boca Raton Florida Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 33433 USA 33437 いSA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CERBONE, CHARLES C JR. Street Address (P.O. Box Number is Not Acceptable) 269 WILDWOOD CIRCLE **DEERFIELD BEACH FL 33442** City Zip Code 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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 <u>(11)</u> OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE Delete TITLE CR2E034 (9/01) President ☐ Change ☐ Addition NAME NAME Irqia Fritz STREET ADDRESS 23044 OLD INLET Bridge Dr Boca Raton FL 33433 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Vice President - Agent ☐ Delete ☐ Change ☐ Addition Charles Cerbone NAME NAME STREET ADDRESS STREET ADDRESS 269 Wildured CR. CITY-ST-7IP CITY-ST-ZIP each TITLE Defete TITLE - 🖃 Addition 🗐 🖚 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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. **WITH TOTAL** SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP