FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Jul 16, 2002 8:00 am Secretary of State P01000105886 DOCUMENT # 1. Entity Name 07-16-2002 90355 022 ***150.00 D & J LAWN CARE, INCORPORATED Principal Place of Business Mailing Address 321 WESTERN AVENUE 321 WESTERN AVENUE **COCOA FL 32926** COCOA FL 32926 2. Principal Place of Business Mailing Address 150) Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State 21 & State 4. FEI Numbe Applied For Not Applicable Zip Country \$8.75 Additional REVAR 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SMALLS, ANDREW Street Address (P.O. Box Number is Not Acceptable) 321 WESTERN AVENUE COCOA FL 32926 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 Florigia. I am familiar with, and accept the obligations of registered agent. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE ☐ Delete ☐ Addition ☐ Change NAM: SMALLS, ANDREW NAME STREET ADDRESS 321 WESTERN AVENUE STREET ADDRESS CITY-ST-ZIP COCOA FL 32926 CITY-ST-ZIP TITLE Delete TITI F Change ☐ Addition NAME **BENNETT, JAMES** NAME STREET ADDRESS 321 WESTERN AVENUE STREET ADDRESS CITY-ST-ZIP **COCOA FL 32926** CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition 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 trusted empowered to execute this report as required by Chapter 607 Floring 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Attachment PO1000105886 120728