FILED
May 06, 2003 8:00 am
Secretary of State

05-06-2003 90048 016 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

00114003

DOCUMENT # P02000089296

1. Entity Name
EXCLUSIVE LAWNS, INC.

Principal Place of Business	Mailing Address
~~817 MONTICELLO CT~~ CAPE CORAL, FL 33904	~~817 MONTICELLO CT~~ CAPE CORAL, FL 33904

Change

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
1628 SW 18th St Suite, Apt. #, etc.	Same as #2 Suite, Apt. #, etc.
City & State: Cape Coral FL	City & State:
Zip: 33991 Country: USA	Zip: Country:

4. FEI Number: 74-3062294 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

TRAVIS, GREGORY ↑
~~817 MONTICELLO CT~~
CAPE CORAL, FL ~~33904~~ 91

7. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number is Not Acceptable):
City: FL 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Gregory J Travis — 29 Apr 03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

[illegible] After May 1, 2003 Fee will be [illegible] Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TRAVIS, GREGORY ~~817 MONTICELLO CT~~ 1628 SW 18th St CAPE CORAL, FL ~~33904~~ 33991	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TRAVIS, BRENDA Same ~~817 MONTICELLO CT~~ CAPE CORAL, FL ~~33904~~ 33991	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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.

SIGNATURE: Gregory J Travis — 29 Apr 03 — 239 839 3919
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #