2003 FOR PROFIT CORPORATION

May 05, 2003 8:00 am § Secretary of State **UNIFORM BUSINESS REPORT (UBR** P02000097336 DOCUMENT # 05-05-2003 91886 009 ***150.00 1. Entity Name THE GROWING CONCERN TRIEE & LANDSCAPE, INC. Principal Place of Business Mailing Address 1618 CRESTWOOD BLVD. 1618 CRESTWOOD BLVD. LAKE WORTH FL 33460 LAKE WORTH, FL 33460 4594 WENHART RD THE CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 75-308/730 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GUTHRIE, WILLIAM M Street Address (P.O. Box Number is Not Acceptable) 1618 CRESTWOOD BLVD. LAKE WORTH FL 33460 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. I am familiar with, and accept the obligations of registered agent FILE NOW!!! FEE IS \$15 .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. Delete Addition TITLE TITLE GUTHRIE, WILLIAM M NAME NAME 1618 CRESTWOOD BLVD. STREET ADDRESS STREET ADDRESS LAKE W**ORT**H FL 33460 CITY-ST-ZIP CITY-ST-ZIP GUTHRIE, WILLIAM M. Delete ☐ Addition TITLE TITLE ☐ Change NAME 4594 WENHART Rd. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP AKE WORTH FI. CITY-ST-ZIP Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition TITLE 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 NAME

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 eppowered.

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

FILED