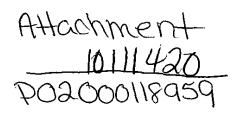
FILED

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

Sep 08, 2003 8:00 am Secretary of State DOCUMENT # P02000118959 09-08-2003 90320 030 ***150.00 1. Entity Name YOUR KIND OF LAWN CARE SERVICE NEW CORP. Principal Place of Business Mailing Address 10111420 2320 N. 69TH AVE. 2320 N. 69TH AVE. HOLLYWOOD FL 33024 HOLLYWOOD FL 33024 2. Principal Place of Business 3: Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 04-3718657 Not Applicable Zip Country 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 MITCHELL, THOMAS D Street Address (P.O. Box Number is Not Acceptable) 2320 N. 69TH AVE HOLLYWOOD FL 33024 City Zip Code 8. The above named exists builts 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 3 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be ** After September-10, 2003 Fee will be \$750.00 -- -Trust Fund Contribution: Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CR2E034 (4/03) TITLE ☐ Detete TITLE Change Addition MITCHELL, THOMAS D 2320 N. 69TH AVE. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL 33024 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 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition 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

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:



September 02, 2003

Your Kind of Lawn Care Service New Corp 2320 N. 69th Ave Hollywood, FL 33024

FLORIDA DEPT OF STATE DIVISIOHN OF CORPORATIONS

UNIFORM BUSINESS REPORT SECTION P.O. Box 1500 Tallahassee, FL 32302-1500

Dear Sir\Madam:

I respectfully request waiver of the \$400 penalty for late filing of the Uniform Business Report.

This is my first year with this entity and I did not receive a report prior to the one that is now enclosed.

Please find my check for \$150 enclosed; I thank you for your kind consideration to this matter.

Very truly yours,

Thur O MATTE Pres.

Thomas Mitchell, President