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

of the corporation or the receiver or trustee changed, or on an attachment with an add

SIGNATURE

May 05, 2003 8:00 am § Secretary of State DOCUMENT # P02000126150 05-05-2003 90330 016 ***158.75 1. Entity Name CROP AND DROP USA, INC. Principal Place of Business Mailing Address 101 NE 3RD AVE STE 1500 101 NE 3RD AVE STE 1500 FT LAUDERDALE FL 33301 FT LAUDERDALE FL 33301 2. Principal Place of Business 3. Mailing Address Suite, Apt. #; etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State Applied For 498836 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WEISS, SUZANNE Street Address (P.O. Box Number is Not Acceptable) 1515 UNIVERSITY DRIVE STE 203A CORAL SPRINGS FL 33071 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. SIGNATURE . Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 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. TITLE ☐ Delete TITLE ☐ Change ☐ Addition DT NAME BARTLETT, JOEL NAME STREET ADDRESS STREET ADDRESS 101 NE 3RD AVE STE 1500 CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33301 TITLE ☐ Delete TITLE ☐ Change ☐ Addition CE₀ NAME NAME BARTLETT, JOEL STREET ADDRESS 101 NE 3RD AVE STE 1500 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33301 TITLE ☐ Delete TITLE ☐ Change ☐ Addition DP NAME NAME REEVES. ROBERT STREET ADDRESS STREET ADDRESS 101 NE 3RD AVE STE 1500 CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33301 Delete TITLE TITLE ☐ Change ☐ Addition DCOO NAME NAME MILLER, JAMES E STREET ADDRESS STREET ADDRESS 101 NE 3RD AVE STE 1500 CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33301 Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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

Joel Bartlett

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