AMENDED

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P02000134115 1. Entity Name 03 JUN 17 AM 10: 20 Florida Quality Trees and Landscape, Inc. SECHETARY OF STATE IALLAHASSEE, FLORIDA DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address Same <u> 17020 Waterline Rd</u> DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc City & State City & State 4. FEI Number Applied For Not Applicable Bradenton, 65-1048325 \$8.75 Additional Zio Country Country 5. Certificate of Status Desired П Fee Required 34202 USA 7. Name and Address of Current Registered Agent DO NOT WRITE Corbin -Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE <u> 17020 Waterline Rd</u> City Zip Code 3 4 2 0 2 Bradenton 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 little if applicable January 1 - May 1 Fee is \$150.00 9. Election Campaign Financing. After May 1, Fee is \$550.00 Amended UBR is \$61.25 \$5.00 May Be Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS CR2E034B (12/02 000020976730 THTLE TOTAL P NAME 096/418/03--01058--046 Linda Corbin 17020 Waterline Rd. MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHTY-ST-ZIE Bradenton, FL. TITLE TITLE NAME NAME Ricky P. Newville STREET ADDRESS STREET ADDRESS 1912 30 Ave. E. CHTY-ST-ZIE CHY-ST-ZIP Bradenton, F1 34208 TITLE TITLE NAME NAME DustingTison STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST ZIP CITY - ST - ZIP 1208-Hagle Park-Rd-Bradenton, FL 34202 TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY · ST · ZIP HILL THE NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP NAME NAAN 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 eath; that I am an efficier 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 on an attachment with an address, with all other like ampowered.

Je 6/17

6-9-03 President 9/1-