2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE,

URE AND TYPED OR PRINTED

FILED Mar 30, 2001 8:00 am DOCUMENT # P92000004474 Secretary of State RCS LAWN SERVICE, INC. 03-30-2001 90345 024 ***150.00 Principal Place of Business Mailing Address 731 NE 15TH ST 731 NE 15TH ST FT LAUDERDALE FL 33304 FT LAUDERDALE FL 33304 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 65-0371841 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 Name HOWITT, STUART Street Address (P.O. Box Number is Not Acceptable) 441 SOUTH STATE ROAD 7 #15 MARGATE FL 33304 Zip Code City 8. The above named entity submits this ent for the p se of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See ofiteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. ☐ Change Addition CR2E034 (10/00 TITLE Delete TITI F NAME GUARDADO, JEREMIAS NAME STREET ADDRESS STREET ADDRESS 731 NE 15TH ST CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33304 ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME GUARDADO, JEREMIAS NAME STREET ADDRESS STREET ADDRESS 731 NE 15TH ST CITY-ST-7IP CITY-ST-ZIP FT LAUDERDALE FL 33304 Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition 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 13. Thereby 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 drustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

2-28-01