2001 UNIFORM BUSINESS REPORT (UBR)

May 23, 2001 8:00 am Secretary of State DOCUMENT # P92000004983 05-23-2001 90232 011 ***150.00 LAWN PRO OF CENTRAL FLORIDA, INC. Principal Place of Business Mailing Address 3335 MARSH RD. 1815 BROWN STREET 660240 KISSIMMEE FL 34741 KISSIMMEE FL 34741 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3155284 Not Applicable Country \$8.75 Additional Zip Country Ζiρ 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent OLSON, BRIAN S Street Address (P.O. Box Number is Not Acceptable) 1815 BROWN STREET KISSIMMEE FL 34741 Zip Code City FL 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. SIGNATURE (NOT Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW !! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be After MAY 1, 20 11 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payal le to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (10/00) ☐ Addition DΡ TITLE ☐ Delete OLSON, ROBERT E NAME NAME STREET ADDRESS 1815 BROWN STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP KISSIMMEE FL Addition Change ☐ Delete TITLE TITLE OLSON, BRIAN S NAME NAME STREET ADDRESS 3335 MARSH RD. STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP KISSIMMEE FL Addition Change TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Addition ☐ Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling does not qualify to 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 r y 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 is 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

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER IN DIRECTOR

FILED

Attachnent

660240 Doott P9200004983

TO WHOM IT MAY CONCERN.

I CONTACTED THE FLORIDA DEPT. OF STATE ON MAY 15 CONCERNING MY 2001 UNIFORM BUSINESS REPORT AND WAS TOLD TO WRITE THIS LETTER. I AM NOT NORMALLY ONE TO GIVE EXCUSES HOWEVER, DUE TO CIRCUMSTANCES BEYOND MY CONTROL, I WAS UNABLE TO FILE BY MAY FIRST. BACK IN DECEMBER I TOOK ALL MY TAX INFORMATION (INCLUDING THE UNIFORM BUSINESS REPORT) TO MY ACCOUNTANT OF TEN YEARS (CHARLOTTE DREW-699 LEOPARD TL. WINTER SPRINGS, FL.). I WROTE OUT CHECKS FOR HER SERVICES AND TO COVER COSTS OF FILING. SHE HAS SINCE PASSED AWAY. HER DAUGHTER TOOK OVER HER MOTHER'S BUSINESS AND I WAS ASSURED ALL ITEMS WOULD STILL BE ATTENDED TO. THIS HAS NOT BEEN THE CASE. I HAVE BEEN TRYING FOR SEVERAL WEEKS TO REACH SUZIE DREW WITH NO LUCK. I FINIALLY WENT TO HER OLD OFFICE AND RETRIEVED MY DOCUMENTS. TO MY HORROR NOTHING HAD BEEN FILED.

AS INDICATED BY YOUR INSTRUCTIONS, I HAVE ENCLOSED THE NORMAL AMOUNT FOR FILING. THANKYOU FOR YOUR TIME AND CONSIDERATION OF THIS MATTER.

RESPECTFULLY.

BRIAN S. OLSON

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