Dayting Propert

2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 26, 2001 8:00 am Secretary of State DOCUMENT # P93000018290 IMPERIAL PROPERTY AND LAWN MAINTENANCE, INC. 04-26-2001 90004 007 ***150.00 Principal Place of Business Mailing Address C/O GERRY SCHMITZ C/O GERRY SCHMITZ 357 IMPERIAL BOULEVARD 357 IMPERIAL BOULEVARD 64444 CAPE CANAVERAL FL 32920 CAPE CANAVERAL FL 32920 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 Fo 59-3178475 Not Applicable Z:p Country Zip 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 Name SCHMITZ, GERRY Street Address (P.O. Box Number is Not Acceptable) 357 IMPERIAL BOULEVARD CAPE CANAVERAL FL 32920 Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's gnature required when reinstating) FILE NOWIII FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE Delete TITLE Change NAMI NAME SCHMITZ, GERRY STREET ADDRESS STREE! ADDRESS 357 IMPERIAL BLVD. CITY-ST-ZiP CITY-ST-ZIP CAPE CANAVERAL FL 32920 ☐ Delete 1000 Change Addition NAME, NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Delete TEF Change Addition NAME NAME STREET ADDRESS STREET ADDRESS C 1Y- S1-7P CITY: ST-Z!P TITLE De'ete THILE Chance Acdition NAME NAM9 STREET ADDRESS STREET ADDRESS CITY ST ZIP CITY-ST-ZIP TITLE ☐ Delete TIFLE Change Addition NAME NAM: STREET ADDRESS STREET ADDRESS City-ST-ZIP CITY-ST-ZIP ☐ Delete 11765 Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-SI-ZP 13. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section (19.07(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 11 or Block 12 if changed, or on an attachment with an address, with all other like impowered. 4/13/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR