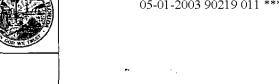
2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) P94000004652 **DOCUMENT #** 1. Entity Name THE PALMS LAWN AND GARDEN, INC.

FILED May 01, 2003 8:00 am § Secretary of State

05-01-2003 90219 011 ***150.00



Principal Place of Business 5300 MACDONALD AVE LOT# 62 KEY WEST FL 33040			Mailing Address PO BOX 305 KEY WEST FL 33041								
2. Principal F	Place of Busin	ess	3. Mailing Address					ULO ROZEL BEDIE DOIRO DO	IN ve nt eenn	1058 07010 01101 1	
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & Stat	e	<u>. </u>	City & State				4. FEI Number	FEI Number NOT APPLICABLE Applied For Not Applicable			
Zip		Country	Zip		Country		5. Certificate of Status Desire			\$8.75 Additional Fee Required	
	6. Name	and Address of Current	Registered Ag				7. Name and Address of New Registered Agent				
TOWARD IN ALL					Nam	Name					
ECKSTEIN				Street Address			(P.O. Box Number is Not Acceptable)				
	GLER AVE							·			
KEY WES	T FL 33040			•							
					City				FL	Zip Code	€
the obligat	named entity ions of registe	submits this statement fo ered agent.	r the purpose o	f changing its re	gistered offic	e or registere	d agent, or both	, in the State of Flo	orida. I am	familiar with,	and accept
SIGNATURE .	Signature, typed	or printed name of registered agent	and title if applicable.	(NOTE: P	tegistered Agent s	ignature required w	hen reinstating)		DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State							Trus	tion Campaign Fir t Fund Contributio	n. {	☐ Added	O May Be to Fees
10.	DP	OFFICERS AND			11.		ADDITIONS/C	HANGES TO OFF	ICERS AN		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WHITEHEA	D, TERRY D DONALD AVE #62 FL 33040	L	□ Delete	NAME STREET ADDRE	ESS				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS ©ITY-ST-ZIP.			[Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP	SS				☐ Change	Addition
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TITLE NAME STREET ADDRESS			. [Delete	TITLE NAME STREET ADDRE	ss				☐ Change	☐ Addition

12. I hereby 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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _