FILED May 02, 2003 8:00 am Secretary of State

05-02-2003 90111 019 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P94000019692

DOCUMENT #

1. Entity Name HERBLAWN, INC.

GOO WE TO

Zip Country Zip Country 5. Certificate of Status Desired S8.75 Additional Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 13007 SOUTHEAST CORAL LANE HORE SOUND FL 33455 City FL Zip Code						No. WE THE					
Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Country Zip Country Zip Country Zip Country Zip Country Zip Country S. Certificate of Status Desired 88.75 Additiona Fee Required Name BRANTLEY; MARK R 13007 SOUTHEAST CORAL LANE HOBE SOUND FL 33455 City FL Zip Code 8. The above named entity submits trist statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and an tree obligations of registered agent. SIGNATURE: Signature, ligate of Affect family 1, 2003 Fee will be \$550.00 Make Check Payable to Florida, Department of State 10. SPECIANO SESSOND FL TILE BRANTLEY, MARK R Silection Campaign Financing Trust Fund Contribution. SIGNATURE: SIGNATURE SIRERI ADDRESS TILE BRANTLEY, MARK R SIRERI ADDRESS SIRERI A	13007 SOUTH	HEAST CORAL		13007 SOUTHEAST CORAL LANE				1 (1881 1881 1881 1881 1881 1881 1881 1			
City & State Country Country Country Country Country Country S. Certificate of Status Desired \$8.75 Additional Fee Required \$8.75 Additional Fee Required \$8.75 Additional Fee Required To Name and Address of New Registered Agent Name BRANTLEY, MARK R 13007 SOUTHEAST CORAL LANE HOBE SOUND FL 33455 City FL Zip Code Fille Now!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida, Department of State 10.	2. Principal I	Place of Busin	ness	3. Mailing Address					 15 15 	HAIA IAKA BIKA I	511 5 11 5 1 1 55 1
Zip Country Zip Country 5. Certificate of Status Desired S8.75 Additional Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 13007 SOUTHEAST CORAL LANE HORE SOUND FL 33455 City FL Zip Code	Suite, Apt	t. #, etc.	- 	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			
Same and Address of Current Registered Agent Same and Address of New Registered Agent Same and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable)	City & Sta	ite	 	City & State			4. FEI Number 65-0500701 Applied For Not Applicable				
BRANTLEY; MARK R 13007 SOUTHEAST CORAL LANE HOBE SOUND FL 33455 City FL Zip Code 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 are the obligations of registered agent. SIGNATURE Signalure, Tages or deleted names of agritative agent and title if approach. FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. BRANTLEY, MARK R 13007 SOUTHEAST CORAL LANE HOBE SOUND FL TITLE ST Delete SIREET ADDRESS CITY-ST-ZIP HOBE SOUND FL TITLE ST Delete SIREET ADDRESS CITY-ST-ZIP HOBE SOUND FL TITLE Change ACCHANGE SIREET ADDRESS CITY-ST-ZIP Delete TITLE Change ACCHANGE SIREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ACCHANGE SIREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ACCHANGE CITY-ST-ZIP CHANGE CITY-ST-ZIP Delete TITLE Change ACCHANGE CITY-ST-ZIP CHANGE CITY-ST-ZIP CHANGE CITY-ST-ZIP Delete TITLE Change ACCHANGE CITY-ST-ZIP CHANGE CITY-ST-ZIP CHANGE CITY-ST-ZIP Delete TITLE CITY-ST-ZIP	Zip Country			Zip Country		itry	5. Ce	rtificate of Status Desired		\$8.75 Add	litional
BRANTLEY; MARK R 13007 SOUTHEAST CORAL LANE HOBE SOUND FL 33455 City City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and an the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10.		6. Name	and Address of Current	Registered Agent			7. Na	me and Address of New Re	gistered	Agent	
13007 SOUTHEAST CORAL LANE HOBE SOUND FL 33455 City FL Zip Code 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 are the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. FRICE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 TITLE P STREET ADDRESS CITY-ST-ZIP HOBE SOUND FL TITLE ST Delete TITLE TITLE ST Delete TITLE TI						Name	_				
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and as the obligations of registered agent. SIGNATURE Signature		ORAL LANE		Street Address (P.O. Box Number is Not Acceptable)							
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and at the obligations of registered agent. SIGNATURE Signature, ligas or printed name of legistered agent and title if ulprocess. (NOTE: Registered Agent signature required when reinstating) 5.00 Marker May 1, 2003 Fee will be \$550.00	HOBE SO	OUND FL 33	455								
SIGNATURE Signature Lega or drivined name tregistered agent and title if a periodente. (NOTE: Registered Agent signature required when reinstating)	. ,		i sign			City			FŁ	Zip Code	9
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TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP 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 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 supplied with the information supplied with 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 supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i).	NAME STREET ADDRESS CITY-ST-ZIP				NAME STREE	et address -ST-Zip					Addition

of the corporation or the receiver of trustee empowered to execute this report as jequired 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: