FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 13, 2002 8:00 am Secretary of State DOCUMENT # P94000064291 1. Entity Name 02-13-2002 90219 005 ***150.00 GREEN EARTH GARDEN CENTER, INCORPORATED Principal Place of Business Mailing Address 5175 ENGLEWOOD ROAD 5175 ENGLEWOOD ROAD B0024847 VENICE FL 34293 VENICE FL 34293 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3264321 Not Applicable Zip Country 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 جرا بينيا م اين د معمرينيين بالمحادث LISCH, ERNIE C Street Address (P.O. Box Number is Not Acceptable) 3011 MANATEE AVENUE WEST **BRADENTON FL 34205** City Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition NAME SIMON, JEANETTE S NAME 283 FAREHAM OF STREET ADDRESS STREET ADDRESS 708-SANGHEZ CITY-ST-ZIP CITY-ST-7IP NORTH PORT FL 34287 Venice FL 34293 TITLE ☐ Delete TITLE Change ☐ Addition NAME SIMON, WILLIAM J NAME 283 FAREHAM Dr STREET ADDRESS STREET ADDRESS 708 SANCHEZ CITY-ST-ZIE CITY-ST-ZIP NORTH PORT FL 34287 Venice FL 34293 TITI F ☐ Delete TITLE ☐ Change ☐ Addition **EVP** NAME NAME SIMON, MICHAEL-J STREET ADDRESS STREET ADDRESS 3857 WOODMERE PARK BLVD. CITY-ST-ZIP CITY-ST-ZIP VENICE FL 34293 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME SIMON, JOHN M STREET ADDRESS STREET ADDRESS **50 CORNELL ROAD** CITY-ST-ZIP CITY-ST-7/P VENICE FL 34293 ☐ Delete TITLE Change Addition NAME SIMON. THOMAS M STREET ADDRESS STREET ADDRESS 4970 KENT ROAD CITY-ST-ZIP CITY-ST-ZIP VENICE FL 34293 TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 expect 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.

SIGNATURE:

D WILLIAM J. Simon