2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Apr 17, 2003 8:00 am Secretary of State P94000093890 DOCUMENT # 04-17-2003 90606 021 ***150.00 1. Entity Name CLASSIC LAWNS OF BREVARD, INC. Principal Place of Business Mailing Address 60020173 450 STAN DRIVE #16 PO BOX 62 WEST MELBOURNE FL 32904 MELBOURNE FL 32902 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-3288165 Not Applicable Zip Country Zip 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 MARKS, ANITA J Street Address (P.O. Box Number is Not Acceptable) 1860 PINE ISLAND ROAD **MERRITT ISLAND FL 32953** 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 accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE ☐ Change Addition NAME CLARK, STEVEN R NAME STREET ADDRESS 517 LANG ROAD STREET ADDRESS CITY-ST-ZIP PALM BAY FL 32908 CITY-ST-ZIP ☐ Delete TITLE TITLE 🛣 Change ☐ Addition NAME MARKS. ANITA J NAME 5950 S. Sanford Aue San ford FL 32773 STREET ADDRESS STREET ADDRESS 1860 PINE ISLAND ROAD CITY-ST-ZIP CITY-ST-ZIP MERRITT ISLAND FL 32953 TITLE Delete - ----TITE 💂 - 🔙 - Change 🛶 VP. NAME CLARK, COLLEEN A STREET ADDRESS 517 LANG RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM BAY FL 32908 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ___ Delete TITLE TITLE. ☐ Change ☐ Addition NAME NAME

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 attachmen

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

FILED