FILED

CR2E034 (9/01)

2002 Uniform Business Report (UBR)

Apr 17, 2002 8:00 am Secretary of State DOCUMENT # P95000043031 1. Entity Name 04-17-2002 90103 006 ***150.00 GARDENING SOUTH, INC. Principal Place of Business Mailing Address 24402 75TH AVE. E. 24402 75TH AVE. E. MYAKKA CITY FL 34251 MYAKKA CITY FL 34251 US US 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 For 65-0585489 Not Applicable Zip 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 WASLEY, BRYAN K. Street Address (P.O. Box Number is Not Acceptable) 24402 75TH AVE EAST MYAKKA CITY FL 34251 City 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 SIGNATURE DATE 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 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE Change ☐ Addition lvρ NAME MINORET-WASLEY, CHRISTINE NAME STREET ADDRESS STREET ADDRESS 24402 75TH AVE EAST CITY-ST-ZIP CITY-ST-7IP Myakka City FL 34251 TITLE ☐ Delete TITLE Change Addition NAME NAME WASLEY, BRYAN K STREET ADDRESS STREET ADDRESS 24402 75TH AVE EAST CITY-ST-ZIP CITY-ST-ZIP MYAKKA CITY FL 34251 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-7IP CITY-ST-7IP

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 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 empowered.

SIGNATURE:

re Minorel-u