FILED May 21, 2002 8:00 am Secretary of State **2002 UNIFORM BUSINESS REPORT (UBR)** P95000044076 DOCUMENT # 1. Entity Name 05-21-2002 90900 006 ***150 00 NATIONAL GROUNDCOVER, INC. Principal Place of Business Mailing Address 10576-A HAGEN RANCH RD 10576-A HAGEN RANCH RD **BOYNTON BEACH FL 33437 BOYNTON BEACH FL 33437** Mailing Address 2. Principal Place of Business P.O. Box 740721 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FÉI Number Applied For 65-0591628 FL BC# Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent M-Essinib -ERIN-FALCONE, SAMUEL J Street Address (P.O. Box Number is Not Acceptable) 10576-A HAGEN RANCH ROAD **BOYNTON BEACH FL 33437** NDIVO TERRALE City FL WIRTH 8. The above named rpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE oration 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. П 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 TITLE Delete TITLE ☐ Change ☐ Addition MESSING, ERIN P NAME NAME 10576 HAGEN RANCH ROAD STREET ADDRESS STREET ADDRESS **BOYNTON BEACH FL 33437** CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition FALCONE, SAMUEL J NAME NAME 10576 HAGEN RANCH ROAD STREET ADDRESS STREET ADDRESS **BOYNTON BEACH FL 33437** CITY-ST-7IP CITY-ST-ZIP TITLE - Delete ☐ Change _ ☐ Addition NAME LEVY, MADELINE STREET ADDRESS 10576 GAHON RANCH ROAD STREET ADDRESS CITY-ST-ZIP **BOYNTON BEACH FL 33437** CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 supplier or the 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 empoyered to execute the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

of the corporation or the receiver changed, or on an attachment

SIGNATURE:

Daytime Phone #