04-28-'02 23:06 FROM-NOVICES ACCOUNTING 17724617933 5

FILED
Jun 03, 2002 8:00 am
Secretary of State

05-15-2002 90064 037 ***150.00

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DOCUMENT # P95000075382

1. Entity Name

Treasure Coast Lawn Equipment

Principal Place of Business	Mailing Address
	1802 SW Bayshore Blvd P.S.L. FL. 34984

2. Principal Place of Business	3. Mailing Address
1802 S.W Bayshore	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: P.S.L FL.	City & State
Zip: 34984 County: St Lucie	Zip: 34954 Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65061267 8 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
Keith Angelotti 6135 NW Nolina Ct P.S.L Fl. 34983	Name Street Address (P.O. Box Number is Not Acceptable) 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

SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) X

10. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Pres. Michele Angelotti 6135 NW Nolina Ct P.S.L Fl. 34983 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Michele Angelotti 6135 Scepter Port St Lucie Fl. 34953 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice Pres Keith Angelotti 6135 N.W. Nolina P.S.L Fl. 34983 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasur Richard Teck 22C S.W. Angela Terr. P.S.L Fl. 34984 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Sec. Adam McCarsky 22C Bracken P.S.L Fl. 34954 ☒ Delete Delete From Corp.	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: _____ 5/27/02 772-878-1241

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number