2001 UNIFORM BUSINESS REPORT (UBR) EXOCUMENT # P 95000096446 FILED Habitat Restoration Services, Inc. dba Native Plant Brokerage 010CT 17 PM 3:49 Principal Place of Business Mailing Address SECRETARY OF STATE TALLAHASSEE. FLORIDA 33601 Kiefer Road P.O. Box 1045 San Antonio, FZ San Antonio, FL 33516 33576-1045 2001 AMENDED UBR 2. Principal Place of Business 3. Mailing Address 33601 Kiefer Road P.O. Box 1045 Suite, Apt. #, etc. 9/4/01 01088 558 43.75 Suite, Apt. #, etc. City & State City & State San Antonio, Fl <u>can Antonio FC</u> Not Applicable \$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 LOGAN, BRIGHTMAN S. 38601 KIEFER ROAD -Street Address (P.O. Box-Number is Not-Acceptable) SAN ANTONIO, FL 33576 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so: -After MAY 1, 2001 Fee will be \$550.00..... - D-Trust Fund Contribution: (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. CHIEF EXECUTIVE OFFICER Change TITLE Delete TITLE LOGAN BRIGHTMAN S. NAME STREET ADDRESS 33601 KIEFER ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SAN ANTONIO FL 33576 PRESIDENT ☐ Delete ★ Addition SANFORD J. MAZER NAME 635 - 45 TH STREET COURT WEST STREET ADDRESS STREET ADDRESS PALMETTO, FL 34221 CITY-ST-ZIP CITY-ST-ZIP TITLE -- Defete TITLE NAMÈ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS 900004662439--2 CITY-ST-ZIP CITY-ST-ZIP -11/01/01--01034--0n1 ☐ Delete TITLE *****17.50 **以来******17.50 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TİTLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 his 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 impowered.

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

SIGNATUR