Jun 18, 2002 8:00 am Secretary of State 2002 UNIFORM BUSINESS REPORT (UBR) P96000007776 DOCUMENT # 06-18-2002 90485 012 ***150.00 1. Entity Name GREEN LEAF APPLICATORS INC. $\mathbf{U} \cdot \mathbf{U} \cdot \mathbf{U} \cdot \mathbf{U} \cdot \mathbf{U}$ Mailing Address Principal Place of Business 34637 CUMMER RD 34637 CUMMER RO DELAND FL 32720 DELAND FL 32720 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3423530 Not Applicable \$8.75 Additional Country Country 5. Certificate of Status Desired Zip Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LENHOLT, R D Street Address (P.O. Box Number is Not Acceptable) 34637 CUMMER RD DELAND FL 32720 Zip Code City 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) FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be 9. This corporation is eligible to satisfy its Intangible After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12 11. (9/01)☐ Addition ☐ Change TITLE Delete PCEO: TITLE MAME LENHOLT, R D III NAME **CR2E034** STREET ADDRESS 34637 CUMMER RD. STREET ADDRESS CITY-ST-ZIP **DELAND FL** CITY-ST-ZIF Addition ☐ Change TITLE ☐ Delete TITLE NAME LENHOLD, ROBERT D NAME STREET ADDRESS 34637 CUMMER RD STREET ADDRESS CITY-ST-ZIP DELAND FL 32720 CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP Change Addition ☐ Delete TITLE TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ■ Addition Change TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE

13. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS

CITY-ST-ZIP

NAME

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

FILED



Attackment Document # P96 000007776 R69389

FLORIDA DEPARTMENT OF STATE
Katherine Harris

Secretary of State

May 27, 2002

GREEN LEAF APPLICATORS INC. 34637 CUMMER RD DELAND, FL 32720

Subject: GREEN LEAF APPLICATORS INC.

Reference Number:

P96000007776

Please be advised, we have received your annual report/uniform business report; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

The check submitted is not payable to this office. Please make your check payable to the Department of State.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at (850).488,9000.

/NS ANNUAL REPORTS SECTION