2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Jan 23, 2003 8:00 am **Secretary of State** P96000027355 DOCUMENT # 01-23-2003 90112 045 ***150.00 1. Entity Name ROYAL PALM LAWN SERVICE INC. Principal Place of Business Mailing Address 4273 29TH PLACE S.W. 4273 29TH PLACE S.W. NAPLES FL 33999 NAPLES FL 33999 2. Principal Place of Business 3/20 60 4h 3. Mailing Address 60th St SW sω 3120 Suite, Apt. #, etc. Suite, Apt. #, etc. X CHECK HERE IF MAKING CHANGES Applied For City & State 4. FEI Number 65-0655083 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CLEARY, RAYMOND 4273 29TH PLACE S.W. NAPLES FL 33999 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed ed Agent signature required when reinstating) ne of registered age FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10, Cleary Raymand. 3120 60th St. s.w. Delete TITLE TITLE CLEARY, RAYMOND NAME NAME 4273 29TH PLAACE S.W. STREET ADDRESS STREET ADDRESS NAPLES P1 34116 NAPLES FL 33999 CITY-ST-7(P CITY-ST-ZIP Cleary, Kimberlee Delete TITLE D TITLE CLEARY, KIMBERLEE NAME NAME 3120 60Th St 50 4273 29TH PLAACE S.W. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES FL 33999 CITY-ST-ZIP TITLE -Delete ----TITLE 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 ☐ Change ☐ Delete TITLE ☐ 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 12. 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 10 or Block 11 if

SIGNATURE:

changed, or on an attachment with

with all other like empowered.

FILED