FILED 2000 UNIFORM BUSINESS REPORT (UBR) May 24, 2000 8:00 am Secretary of State DOCUMENT # P9600004692 Quality Lawn & Landscape, Inc. 05-24-2000 90069 037 \*\*\*150.00 Mailing Address Principal Place of Business 19236 Bay Leaf (+: Boca Raton, FL 33 957114 Boca Kuton, FL 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Applied For 4. FEI Number City & State Not Applicable Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Robert G. Skarecki .Sr. Street Address (P.O. Box Number is Not Acceptable) 19236 Bay Leaf Gt. Boca Raton, FL 33 Zip Code City surpose of changing its registered office or registered agent, or both, in the State of Florida The above named.e 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 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 or (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. CR2E034 (9/99 Addition **Vresident** TIT) É ☐ Delete Robert G. Skarecki, Sr NAME STREET ADDRESS 19236 Bay Leaf ft LOCAL ADDRESS = ST ZIP CITY - ST-ZIP Change Addition ☐ Delete TITLE STREET ADDRESS STREET ADDRESS Bay leuf H. CITY-ST-ZIP ::::: ST ZIP ☐ Addition Change ☐ Delete HILLE Skareck NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP Raton , FL ☐ Addition Change TITLE THE NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CT. ST-ZIP Addition ☐ Delete TITLE NAME Robert G. Skarecki JR. NAME STREET ADDRESS STREET ADDRESS 19236 Bay Leaf G CITY-ST-7/P CITY-ST-70 ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME: STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 of the receiver or trusted 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 attachmyny with an address, with all other like empowered.

SIGNATURE: