2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

FILED Apr 02, 2001 8:00 am Secretary of State DOCUMENT # P96000089143 DOW LAWN SERVICES, INC. 04-02-2001 90099 028 ***150.00 Principal Place of Business Mailing Address 3120 N.W. 68TH ST. 3120 N.W. 68TH ST. FT LAUDERDALE FL 33309 FT LAUDERDALE FL 33309 C0039523 2. Principal Place of Business 3. Mailing Address 02 GARDENS Drive GARDENS Drive DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0711320 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 Name DOW, ALFRED W Street Address (P.O. Box Number is Not Acceptable) 3120 N.W. 68TH ST. FT LAUDERDALE FL 33309 Zip Code FL 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 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 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. President ☐ Addition TITI F Delete TITLE Change Alfred W. DOW. DOW, ALFRED W NAME NAME GARdens Drive #202 STREET ADDRESS 3120 N.W. 68TH ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33309 ROMPANO Beach, FL 33069 ☐ Change TITLE TITLE ☐ Addition Delete DOW, ANNE M NAME NAME STREET ADDRESS 3120 N.W. 68TH ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33309 -HILE - Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change 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 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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