2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P9700000331 Mar 13, 2000 8:00 am Secretary of State 1. Entity Name LAWN TECH OF SARASOTA, INC. 03-13-2000 90008 003 ***150.00 **化性性,如果是一种人类的工作** Principal Place of BusinessMailing Address 1450-S JEFFERSON AVENUE -1450-S JEFFERSON AVENUE Ĺ **SARASOTA FL 34276-2002 ** SARASOTA FL-94239 / us' 'US" 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 59-3420008 SARASOT Not Applicable Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PREWETT, DANIEL L Street Address (P.O. Box Number is Not Acceptable) 5777 BENEVA RD S SARASOTA FL 34233 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 it applicable. --- : · (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so." Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition TITLE ☐ Delete TITLE BRILLHART, ROBERT P NAME NAME 6465 KICKAPOO RD 1450 S JEFFERSON AVE STREET ADDRESS STREET ADDRESS 34241 SARASOTA FL 34239 CITY-ST-ZIP CITY-ST-ZIP M Change Addition ☐ Delete TITLE TITLE BRILLHART, TINA M NAME 6465 KICKAPDO RD 1450 S JEFFERSON AVE STREET ADDRESS STREET ADDRESS **74741** SARASOTA FL 34239 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME

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

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS