FILED

2002 Uniform Business Report (UBR)

Apr 17, 2002 8:00 am & Secretary of State DOCUMENT # P97000005421 1. Entity Name 04-17-2002 90037 005 ***150.00 CHRISTINA LANDSCAPE SUPPLY INC. Principal Place of Business Mailing Address 1061 EAST SR 540-A 1061 EAST SR 540-A LAKELAND FL 33813 LAKELAND FL 33813 US US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3416744 Not Applicable Zip Zip Country Country \$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 MILLER, STEPHEN Street Address (P.O. Box Number is Not Acceptable) HILL DRIVE WEST 310 OAK TRAIL 33811 LAKELMI **LAKELAND FL 33813** City 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, 2002 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 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change CR2E034 (9/01) TITLE Delete TITLE ☐ Addition NAME NAME STEPHEN MILLER MILLER, STEPHEN BRIVE WEST 318 OAK TRAIL 5843 MYRTLE HILL DRIVE WEST 5843 MYRTLE HILL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL 33813 -LAKE LAND 33811 LAKELAND FL 33811 TITLE TITLE ☐ Delete Change ☐ Addition GAYLE MILLER NAME NAME MILLER, GAYLE 5843 MYRTLE HILL DRIVE 5843 MYRTLE HILL DRIVE WEST STREET ADDRESS STREET ADDRESS 318-OAK-TRAIL CITY-ST-ZIP CITY-ST-ZIP 33811 FZ 33811 TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Delete TITLE 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 ☐ Defete ☐ 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

SIGNATURE:

STEPHEN MILLER

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