2000 UNIFORM BUSINESS REPORT (UBR) FILED May 08, 2000 8:00 am Secretary of State DOCUMENT # P9700006555 J.P.'S YARD WORKS, INC. 05-08-2000 90218 043 ***150.00 Principal Place of Business Mailing Address · GROSBEAK LANE PO BOX 2314 ____ FL 34114 MARCO ISLAND FL 34146-2314 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 59-3425450 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired and the second Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ARNOLD: JOHN P III Street Address (P.O. Box Number is Not Acceptable) NAPLES FL 34114 Zip Code 9. 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 DATE (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, 2000 Fee will be \$550.00 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 íí. ☐ Addition CR2E034 (9/99) ☐ Change TITLE HILL ☐ Delete ARNOLD, JOHN P III NAME STREET ADDRESS SINESI ANDRESS P.O. BOX 2314 CITY-ST-ZIP ST-ZIP. MARCO ISLAND FL 34146 SD Black of Change ☐ Addition □ Delete TITLE BERRY, MELISSA NAME STREET ADDRESS PO BOX 2314 N/A STREET ADDRESS ST-ZIP MARCO ISLAND FL 34146 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete NAME SHOUL ANDRESS STREET ADDRESS ST-7IP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE HILL NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITY ST ZIP Change 🕆 🗔 Addition ☐ Delete TITLE HILL NAME STREET ADDRESS овы с Антин СС ST. ZIP CITY-ST-ZIP 18 79 4 34 5 W ☐ Delete ☐ Change TITLE ☐ Addition NAME STREET ADDRESS LINE : ADDRESS 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 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.

SIGNATURE:

AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SUCCESSION OF THE STATE OF

4/24 /00 Date

775-9209 aytime Phone #