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2002 UNIFORM BUSINESS REPORT (UBR)

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

SIGNATURE: 2

Feb 14, 2002 8:00 am **DOCUMENT #** P97000006681 **Secretary of State** 1. Entity Name 02-14-2002 90052 043 ***158.75 FLAMINGO LANDSCAPES, INC. Principal Place of Business Mailing Address 131 SUNSET BEACH DR 131 SUNSET BEACH DR VENICE FL 34293 VENICE FL 34293 3. Mailing Address 2. Principal Place of Business WISTERIA Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0736530 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DAWSON, IRA C Street Address (P.O. Box Number is Not Acceptable) 131 SUNSET BEACH DR **VENICE FL 34293** WITSTERIA 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 (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 11. OFFICERS AND DIRECTORS 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Addition TITLE TITLE ☐ Change ☐ Delete NAME NAME DAWSON, IRA C 397 WISTERIA STREET ADDRESS 131 SUNSET BEACH DR STREET ADDRESS CITY-ST-ZIP VENICE FL 34293 CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE . ☐ Change NAME NAME DAWSON, JENNIFER S 397 WISTERIA RO STREET ADDRESS STREET ADDRESS 131-SUNSET-BEACH DR CITY_ST_7IP CITY-ST-7IP VENICE FL 34293 ☐ Delete TITLE ☐ Addition TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition 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 Addition TITLE ☐ Delete TITLE Change 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