2001 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P970000 15677

1. Entity Name Lis. P. Nurserry, Inc. Apr 18, 2001 8:00 am Secretary of State 04-18-2001 90103 019 \*\*\*150 00 Mailing Address Principal Place of Business Agora Circle SE #1 Palm Bay Torida 32909 A0051533 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number 5434924 Applied For City & State City & State Not Applicable \$8.75 Additional Zip Country\* Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Badakmenti Agora Cuile Street Address (P.O. Box Number is Not Acceptable) B'Ay, Florida 30909 Agora Cucle 8. The above named entry submits this statement for the purpose of changing its registered office or registered agent, or 320 SIGNATURE (NOTE: Registered Agent signature required w FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. OFFICERS AND DIRECTORS ' Addition residenti Delete. resident TITLE Badalament Bada lament NAME 20 NAME AGORA CYCL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 32909 CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME 5E+1 STREET ADDRESS STREET ADDRESS 32908 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change Sealtreas TITLE Rose Badalamenti NAME NAME STREET ADDRESS STREET ADDRESS 32909 CITY-ST-ZIP 2losida CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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 SIGNATURE: URE AND TYPED OR PRINTED NAME OF SIGNING OFFICE