FILED Apr 24, 2002 8:00 am § Secretary of State **2002 UNIFORM BUSINESS REPORT (UBR)** DOCUMENT # P97000019758 1. Entity Name DUNAWAY'S LAWN MAINTENANCE, INC. 04-24-2002 90367 039 ***150.00 Principal Place of Business Mailing Address 1412 SE 2ND AVE 1412 SE 2ND AVE CAPE CORAL FL CAPE CORAL FL 2. Principal Place of Business 3. Mailing Address 428 SW 19 428 5W 19 th DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0742133 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired હહ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DUNAWAY, FREDERICK W Street Address (P.O. Box Number is Not Acceptable) 1412 SE 2ND AVE CAPE CORAL FL... City Zip Code 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 : Registered Agent signature required when reinstating) FRIDER CK W 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition **DUNAWAY, FREDERICK W** NAME 428 SW 19th Are STREET ADDRESS 1412 SE 2ND AVE STREET ADDRESS CAPE CORAL FL CITY-ST-ZIP CITY-ST-ZIP cape corre, 74a. 33991 TITLE SAY ☐ Delete TITLE ☐ Addition NAME -DUNAWAY, LINDA D NAME STREET ADDRESS 1412 SE 2ND AVE STREET ADDRESS 426 SW 19th Ave CAPE CORAL FL CITY-ST-ZIP CITY-ST-ZIP Cape Colal, 240. 33991 Delete TITLE ☐ Addition Change 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 ☐ Delete TITLE Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE 1