FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Apr 23, 2002 8:00 am Secretary of State P97000024992 DOCUMENT # 1. Entity Name 04-23-2002 90334 001 ***158 WISE LANDSCAPING, INC. Principal Place of Business Mailing Address 10104 CROWN COURT 10104 CROWN COURT R0074650 ORLANDO FL 32821 ORLANDO FL 32821 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 59-3432759 Not Applicable Zip Country Zip 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. WISE, NANCY L Street Address (P.O. Box Number is Not Acceptable) 10104 CROWN COURT ORLANDO FL 32821 City Zip Code .8. The above named antity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE ned or printed name of registered agent and title if applicable (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 TITLE ☐ Delete CR2E034 (9/01) TITLE Change ☐ Addition NAME WISE, COVEY L II NAME STREET ADDRESS 10104 CROWN COURT STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32821 CITY-ST-ZIP TITLE VPSD ☐ Delete ☐ Change Addition NAME WISE, NANCY L NAME STREET ADDRESS 10104 CROWN COURT STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32821 CITY-ST-ZIP TITLE VPD Delete Change Addition NAME WISE, COVEY L III NAME STREET ADDRESS 10104 CROWN COURT STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32821 CITY-ST-ZIP **VPD** ☐ Delete TITLE Change ☐ Addition NAME WISE, CLINTON L NAME STREET ADDRESS 10104 CROWN COURT STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32821 CITY-ST-ZIP TITLE ☐ Delete ☐ Addition TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition 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 of 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/gither like empowered.

SIGNATURE: