2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # **P97000049375** May 21, 2000 8:00 am Secretary of State N & W LAWN SERVICE, INC. 05-21-2000 90005 029 ***150.00 Mailing Address Principal Place of Business 381 W. 24TH STREET 381 W. 24TH STREET RIVIERA BEACH FL 33404-5533 RIVIERA BEACH FL 33404 2. Principal Place of Business 3. Mailing Address St RWIGHA BUL W 24 381 Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0776491 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name NAPIER, MARVIN S Street Address (P.O. Box Number is Not Acceptable) 381 W. 24TH STREET RIVIERA BEACH FL 33404 Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable 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 Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAPIER, MARVIN S NAME STREET ADDRESS STREET ADDRESS **381 W. 24TH STREET** CITY-ST-ZIP CITY-ST-ZIP RIVIERA BEACH FL 33404 Addition Delete ☐ Change TITLE TITLE WHITAKER, VERNON W NAME NAME STREET ADDRESS STREET ADDRESS 1911 W. 23TH STREET CITY-ST-ZIP CITY-ST-ZIP RIVIERA BEACH FL 33404 Change ☐ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE 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. 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 pther like empowered.

SIGNING OFFICER OF DIRECTOR

04-27-00