2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **P97000086603** Apr 17, 2000 8:00 am Secretary of State 1. Entity Name GREEN VALLEY LAWN CARE, INC. 04-17-2000 90121 027 ***150.00 Principal Place of Business Mailing Address 6565 44TH ST N 6565 44TH ST N 1007 1007 PINELLAS PARK FL 33781 PINELLAS PARK FL 33781-5940 US US 2. Principal Place of Budiness 3. Mailing Address Street N DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3471339 Not Applicable \$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 RANDOLPH, STEVEN Street Address (P.O. Box Number is Not Acceptable) 11321-94TH STREET, NORTH LARGO FL 33773 Zip Code City 8. The above named entity submits this statement for the purpose of changing its registered office. egistered agent, or both 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 (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 ☐ Delete TITLE ☐ Change NAME RANDOLPH, STEVEN A NAME STREET ADDRESS 11321 94TH ST N STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **LARGO FL 33773** ☐ Addition ☐ Change ☐ Delete TITLE NAME RANDOLPH, CYNTHIA NAME STREET ADDRESS 11321 94TH ST N STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **LARGO FL 33773** TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition TITLE ☐ Defete 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 ☐ Delete TITLE Change TITLE 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 of 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: