2000 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 20, 2000 8:00 am Secretary of State DOCUMENT # P9800006418 PRO GREENS II, INC. 03-20-2000 90137 004 ***150.00 Mailing Address Principal Place of Business 27382 U.S. HIGHWAY 19 NORTH 3375 US HWY 98 S CLEARWATER FL 33761-2953 BLDG E STE 1 0002000t LAKELAND FL 33803 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3496882 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MILLER, LAWRENCE C Street Address (P.O. Box Number is Not Acceptable) 27382 US HWY 19 NORTH **CLEARWATER FL 33761** 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. (NOTE. Registered Agent signature required when reinstating) DATE 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, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change Addition ☐ Delete TITLE TITLE MILLER, LAWRENCE C NAME NAME STREET ADDRESS STREET ADDRESS 670 SANDY HOOK RD CITY-ST-ZIP CITY-ST-ZIP PALM HARBOR FL 34683 Addition M Change ☐ Delete TITLE SEGAL, JUDITH A NAME 5 Merrivale Place STREET ADDRESS STREET ADDRESS **8 HIGHGATE DR** CITY-ST-ZIP CITY-ST-ZIP SAN ANTONIO TX 78257 X Change □ Addition ☐ Delete TITLE TS.... ... SEGAL, RICHARD J NAME · Merrivale Place STREET ADDRESS STREET ADDRESS **8 HIGHGATE DR** CITY-ST-ZIP CITY-ST-ZIP SAN ANTONIO TX 78257 ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete THUE 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

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:

3/16/00 727-791-0700