2001 UNIFORM BUSINESS REPORT (UBR)

Apr 11, 2001 8:00 am Secretary of State DOCUMENT # P98000013689 GARDEN MASTERS, PROFESSIONAL LAWN AND GARDEN SER 04-11-2001 90081 001 ***150.00 Principal Place of Business Mailing Address 7775 BARBERRY DR. 7775 BARBERRY DR. ORLANDO FL 32835 ORLANDO FL 32835 2. Principal Place of Business 3. Mailing Address 405 E. CROWN Point RD 1405 E. CROWN Point D.D Suite, Apt: #, etc. Suite, Apt. #. etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3528348 Not Applicable Country US# \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent AN BURDEN BURDEN, RICK W Box Number is Not Acceptable) CROWN POINT 77775 BARBERRY DR. -ORLANDO FL 32835 39961 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 4-4-2001 (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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS PresiDent/TREASURER Schange CR2E034 (10/00) TITLE Delete TITLE RICK W. BUTDEN Paint ROAD 1405 East CROWN Paint ROAD NAME NAME YUNKER, REBECCA E STREET ADDRESS STREET ADDRESS 7775 BARBERRY DR CITY-ST-ZIP CITY-ST-ZIP OCOEE, FL 34761 ORLANDO FL 32835 TITLE ☐ Delete TITLE VICE PRESEDENT/SECRETARY NAME BURDEN, RICK W NAME STREET ADDRESS STREET ADDRESS 7775 BARBERRY DR CITY-ST-ZIP CITY-ST-7IP FL 3476 ORLANDO FL 32835 ☐ Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CDY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ■ Addition Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE 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.

ick W. Burden