FILED 2001 UNIFORM BUSINESS REPORT (UBR) Mar 15, 2001 8:00 am P9800001567 DOCUMENT # ... **Secretary of State** V. GONZALEZ LAWN SERVICE, IAC. 03-15-2001 90030 050 ***150.00 Principal Place of Business Mailing Address 3637 SE. 21 COURT BOYNTON BEACH, FL 33435 A0033251 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 65. 0849095 Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ISABEL C. GONZALEZ Street Address (P.O. Box Number is Not Acceptable) 3637 S.E. ZW COURT DOYNTON BEACH, FL. 33435 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 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 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12 PRESIDENT/TREAS. ISABEL C. GONZALEZ TITLE Addition ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS 3637 S.E. 240 COURT BOYLLTON BEACH, FL. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **ショトッケ** Addition TITLE vice President /sec. Delete TITLE Change VIRGILIO GONZALEZ 36375.E. 24 COVRT NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 33435 BOYNTON BEACH. TITLE ☐ Delete TITLE ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change TITLE TITLE Addition 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 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 expowered. 02-26-01

SIGNATURE: