2001 UNIFORM BUSINESS REPORT (UBR)

May 04, 2001 8:00 am DOCUMENT # P98000036295 Secretary of State ROGER CULLER LAWN AND LANDSCAPING, INC. 05-04-2001 90101 048 ***150.00 Principal Place of Business Mailing Address 6633 DRIFTWOOD DRIVE 6633 DRIFTWOOD DRIVE HUDSON FL 34667 HUDSON FL 34667 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3532788 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CULLER, ROGER M Street Address (P.O. Box Number is Not Acceptable) 6633 DRIFTWOOD DRIVE HUDSON FL 34667 Zip Code City 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) 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 Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change ☐ Addition CR2E034 (10/00) Delete TITLE TITLE NAME CULLER, ROGER M NAME STREET ADDRESS STREET ADDRESS 6633 DRIFTWOOD DR. CITY-ST-ZIP CITY-ST-ZIP HUDSON FL 34667 TITLE ☐ Change ☐ Addition ☐ Delete TITLE CULLER, ROGER L NAME NAME STREET ADDRESS STREET ADDRESS 1525 SOUTH PRESCOTT AVENUE CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL 33756 ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP (Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete 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

ROGER M. CULLER

changed, or on an attachment with an address, with all other like empowered.

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727-861-1068

Daytime Phone #