| 2000   | UNIFORM BU                                       | SIN         | IESS REPO  | RT          | (UBI                  | <b>R)</b> ∮ 5€                                     | 70   |                                       |            |                                       |                           |  |
|--|--|-------------|--|-------------|-----------------------|--|--|---------------------------------------|------------|---------------------------------------|---------------------------|--|
| DOCUI  | MENT# <b>P9900</b> (                             | 000         | 7915   |             |                       |  |  |                                       |            |                                       |                           |  |
| COASTAL SITE & LANDSCAPE, INC.   |  |             |  |             |                       |  | FILED                                      |                                       |            |                                       |                           |  |
| Division Address   |  |             |  |             |                       |  | 00 MAR 23 PM 1: 24                         |                                       |            |                                       |                           |  |
| Principal Place of Business 615 CRESCENT EXECUTIVE COURT #120  |  |             | Mailing Address 615 CRESCENT EXECUTIVE COURT #120  |             |                       |  | SECRETARY OF STATE<br>TALLAHASSEE, FLORIDA |                                       |            |                                       |                           |  |
| LAKE MARY FL 32746   |  |             | LAKE MARY FL 32746-2120  |             |                       |  |  | TALLAHAS                              | SEE, I     | FLORID                                | Ā                         |  |
| 2 Principal Pi   | ane of Rusiness                                  | 13          | 3. Mailing Address   |             |                       |  | - 1  |                                       |            |                                       |                           |  |
| 2. Principal Place of Business   |  |             |  |             |                       |  | DO NOT WRITE IN THIS SPACE                 |                                       |            |                                       |                           |  |
| Suite, Apt. #, etc.  |  |             | Suite, Apt. #, etc.  |             |                       |  |  |                                       | 1HIS SP    | · · · · · · · · · · · · · · · · · · · |                           |  |
| City & State   |  |             | City & State   |             |                       |  |  | Number<br>3572594                     | ,          | No                                    | plied For<br>t Applicable |  |
| Zip  | Country  |             | Zip  | Coun        | try                   |  | <b>5.</b> Cer                              | tificate of Status Desired            |            | 8.75 Add<br>e Required                |                           |  |
| 6. Name and Address of Current Registered Agent  |  |             |  |             | Name                  | 7. Name and Address of New Registered Agent Name   |  |                                       |            |                                       |                           |  |
| N. DWAYNE GRAY, JR.  |  |             |  |             | Street A              | Street Address (P.O. Box Number is Not Acceptable) |  |                                       |            |                                       |                           |  |
| GREENSPOON, MARDER, HIRSCHFELD, ET. AL. 135 WEST CENTRAL BOULEVARD - SUITE 1100  |  |             |  |             |                       |  |  |                                       |            |                                       |                           |  |
| ORLANDO FL 32801   |  |             |  |             | City                  |  |  | · · · · · · · · · · · · · · · · · · · | FL         | Zip Code                              | 3                         |  |
| 8. The above named entity submits this statement for the purpose of changing its registers                                 |  |             |  |             |                       | registered   | d agent,                                   | , or both, in the State of Florida.   |            | 1                                     |                           |  |
| SIGNATURE  | Signature, typed or printed name of registered a | agent and t | itle if applicable. (NOTF  | E Registere | d Agent signat        | ure required w                                     | hen reinsta                                | ating)                                | DATE       |                                       |                           |  |
| 9. This corporation is eligible to satisfy its Intangib Tax filing requirement and elects to do so. (See criteria on back) |  |             | FILE NOW!!! FEE IS \$150.0<br>After MAY 1, 2000 Fee will be \$55<br>Make Check Payable to Department |             |                       | 550.00   |  |                                       |            |                                       |                           |  |
| 11.  | OFFICERS A                                       | ND DIF      |  | 12.         |                       | 1770   | ADDIT                                      | TIONS/CHANGES TO OFFICERS             |            |                                       |                           |  |
| TITLE<br>NAME  | D<br>Borck, Todd L                               |             | L. Delete  | TITLI       |                       | VP<br>N. DW  | AYNE                                       | CRAY, JR.                             | L          | Change                                | Addition                  |  |
| STREET ADDRESS 615 CRESCENT EXECUTIVE COURT #120 LAKE MARY FL 32746  |  |             |  |             |                       |  |  | CENTRAL BLVD., ST                     | TE. 1      | 100                                   | ,                         |  |
| TITLE  | D Delete   |             |  |             |                       | UKLAN  |  | 1                                     | _          | Change                                | Addition                  |  |
| NAME WOLF, JONATHAN L STREET ADDRESS 615 CRESCENT EXECUTIVE COURT #120   |  |             |  |             | E<br>Et address       |  |  | 50000318<br>-03/30/00-                | :93<br>010 | 05-                                   | 5<br>01                   |  |
| CITY-ST-ZIP LAKE MARY FL 32746   |  |             |  |             | -ST-ZIP               | <u> </u>   |  |                                       |            | ***15(<br>1 Channa                    | 3 75<br>3 Addition        |  |
| NAME   |  |             | ☐ Delete   | NAM         | E                     |  |  | 1                                     |            | Change                                | Addition                  |  |
| STREET ADDRESS<br>CITY-ST-ZIP  |  |             |  |             | ET ADDRESS<br>-ST-ZIP |  |  |                                       |            |                                       |                           |  |
| TITLE  |  |             | ☐ Delete   | TITU        |                       |  |  |                                       | [          | Change                                | ☐ Addition                |  |
| NAME<br>STREET ADDRESS   |  |             |  | STRE        | ET ADDRESS            |  |  | •                                     |            |                                       |                           |  |
| CITY-ST-ZIP<br>TITLE   |  | _           | ☐ Delete   | TITL        | -ST-ZIP<br>E          |  |  |                                       | [          | Change                                | Addition                  |  |
| NAME   |  |             |  | NAM         |                       |  |  |                                       | •          | -                                     |                           |  |
| STREET ADDRESS<br>CITY-ST-ZIP  |  |             |  | 1           | -ST-ZIP               |  |  |                                       |            |                                       |                           |  |
| TITLE<br>NAME  |  |             | ☐ Delete   | TITL        |                       |  |  | •                                     | [          | Change                                | Addition SP               |  |
| STREET ADDRESS   |  |             |  |             | ET ADDRESS            |  |  |                                       |            |                                       | Ji                        |  |

13. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

**SIGNATURE:** 

CITY-\$T-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/00 407-425-6559

Daytime Phone #