2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P99000019301 Apr 25, 2000 8:00 am Secretary of State 1. Entity Name SUGARMILL LAWN AND LANDSCAPE. INCORPORATED 04-25-2000 90078 020 ***150.00 Principal Place of Business Mailing Address 1222 SMOKE RISE LN. 1222 SMOKE RISE LN. TALLAHASSEE FL 32311 TALLAHASSEE FL 32311-5506 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number *59-356034*2 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BECK, ROGER V Street Address (P.O. Box Number is Not Acceptable) 1222 SMOKE RISE LN. TALLAHASSEE FL 32311 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 DATE 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, 2000 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 12. ☐ Addition TITLE Change Delete DILE BECK. TERRY E NAME NAME STREET ADDRESS 1222 SMOKE RISE LN. STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P TALLAHASSEE FL 32311 Change Addition ☐ Detete TITLE TITLE BECK, ROGER V NAME STREET ADDRESS 1222 SMOKE RISE LN. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32311 ☐ Change Addition ☐ Delete TITLE 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 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-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.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR