FILED

2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

DOCUMENT # P99000019301



Jan 22, 2003 8:00 am Secretary of State 1. Entity Name 01-22-2003 90138 011 ***150.00 SUGARMILL LAWN AND LANDSCAPE, INCORPORATED Principal Place of Business Mailing Address 1222 SMOKE RISE LN. -1222 SMOKE RISE LN. TALLAHASSEE FL 32317 V 1335 LANDOVER PLACE TALLAHASSEE FL 32317 1335 LAWDOUER PLACE TALLAHOSSEE, FL 32317 TALLANDSSEE, FL 32317 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-3560342 Not Applicable Zip Country Zip 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 BECK, ROGER V Street Address (P.O. Box Number is Not Acceptable) 1222 SMOKE RISE LN. TALLAHASSEE FL 32317 City Zip Code 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. I am familiar with, and accept the obligations of registered agent. 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. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE Addition TERRI BECK NAME BECK, TERRI NAME 1335 LANDOVER PLACE STREET ADDRESS 1222 SMOKE RISE LN. STREET ADDRESS TALLAHASSEE, FL 32317-8498 CITY-ST-ZIP TALLAHASSEE FL 32317 CITY-ST-ZIP TITLE ☐ Delete TITLE ROBERV. BECK NAME BECK, ROGER V NAME :335 LANDOVER PLACE STREET ADDRESS 1222 SMOKE RISE LN. STREET ADDRESS CITY-ST-ZIP TALLAHASSEE FL 32317 CITY-ST-ZIP ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME NAME 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 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP