2000 UNIFORM BUSINESS REPORT (UBR)

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FILED May 24, 2000 8:00 am DOCUMENT # P99000055384 1. Entity Name Secretary of State HAPPY'S LAWN MAINTENANCE, INC. 05-24-2000 90173 018 ***150.00 Principal Place of Business Mailing Address PMB 253 PMR 253 334 EASTLAKE RD 334 EASTLAKE RD PALM HARBOR FL 34685 PALM HARBOR FL 34685-2427 of Business DO NOT WRITE IN THIS SPACE Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GOODELL, STEVEN Street Address (P.O. Box Number is Not Acceptable) 1919 CHESAPEAKE CT OLDSMAR FL 34677 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. 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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 OFFICERS AND DIRECTORS 11. 12. Presiden Addition Change TITLE ☐ Delete TITLE Steven NAME NAME 1919 Chesapeake ct. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Oldsmar, Fl. 34677 CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE Steven Goodell NAME NAME STREET ADDRESS STREET ADDRESS Same as above CITY-ST-ZIP CITY-ST-ZIP Change ☐ ★ ddition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition ☐ Delete unifir Goodell ume as above TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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