FILED

2003 FOR PROFIT CORPORATION

Feb 10, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** DOCUMENT # P99000056958 1. Entity Name 02-10-2003 90232 034 ***150.00 ENGLEWOOD LANDSCAPE SUPPLY, INC. Principal Place of Business Mailing Address 850 N INDIANA AVE 850 N INDIANA AVE ENGLEWOOD FL 34223 ENGLEWOOD FL 34223 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 Numbe Applied For 65-0929141 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 WOOD, L'AURA Street Address (P.O. Box Number is Not Acceptable) 11200 DEERWOOD AVE ENGLEWOOD FL 34224 Zip Code **34aa**3 8. The above named entity submits this statement for the purp e of changing its registered office or regis ered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE ed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing After May 1, 2003 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 New Hodress: TITLE ☐ Delete TITLE Change ☐ Addition LAURA WOOD, tresid BARKENQUAST, MARIAN NAME NAME STREET ADDRESS 11200 DEERWOOD AVE 576 Pinto Deive STREET ADDRESS CITY-ST-7IP ENGLEWOOD FL 34224 CITY-ST-ZIP Englewood, FL TITLE ☐ Delete PTD TITLE X Change Director ☐ Addition NAME WOOD, LAURA NAME STREET ADDRESS P.O. BOX 1084 11200 DEERWOOD AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ENGLEWOOD FL 34224 Englewood, FL 34285 TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition

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 his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

JAN. 4 TH 2003

941-473-1403