2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: X

SIGNATURE AND TYPED ON PRINTED NAME OF

FILED DOCUMENT # P99000066019 Apr 19, 2000 8:00 am Secretary of State 1. Entity Name G AND B LAWN SERVICES INC. 04-19-2000 90088 018 ***150.00 Principal Place of Business Mailing Address 2622 LEGEND COURT 2622 LEGEND COURT LEESBURG FL 34748 LEESBURG FL 34748-9574 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For Not Applicable Zip \$8.75 Additional Zip Country Country 5 Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CHRISTNER, BARNABY Street Address (P.O. Box Number is Not Acceptable) 2622 LEGEND COURT LEESBURG FL 34748 Zip Code Fl 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 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 OFFICERS AND DIRECTORS 12. 11. **Addition** ☐ Change TITLE ☐ Delete TITLE BARNABY S CHRISTNER NAME B 2672 LEGEND COURT STREET ADDRESS STREET ADDRESS LEESBURG FL 34748 CITY-ST-ZIP CITY-ST-ZIP **Addition** ☐ Change ☐ Delete TITLE TITLE VIRGINIA A. CHRISTNER NAME NAME LEGEND COURT STREET ADDRESS 2622 STREET ADDRESS LEES BURG FL 34748 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 explorated.

Daytime Phone #