2002 UNIFORM BUSINESS REPORT (UBR)

Mar 06, 2002 8:00 am Secretary of State P99000075347 **DOCUMENT #** 1. Entity Name WISTERIA LANDSCAPE, INC. 03-06-2002 90091 039 ***150.00 Principal Place of Business Mailing Address 2429 TALL MAPLE LP 1583 E SILVERSTAR RD. OCOEE FL 34761 PMR # 342 OCOEE FL 34761 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3596181 Not Applicable Country \$8.75 Additional Zip Zip 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 VERJINSKI II. GORDON W. Street Address (P.O. Box Number is Not Acceptable) 2429 TALL MAPLE LP OCOEE FL 34761 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 10. Election Campaign Financing 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 \$5.00 May Be After May 1, 2002 Fee will be \$550.00 "Tax filing requirement and elects to do so: Trust Fund Contribution. Added to Fees 4(See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12 Change ☐ Addition TITLE ☐ Delete TITLE verjinski, gordon II NÂME NAME 2429 TAL MAPLE LP STREET ADDRESS STREET ADDRESS OCOEE FL 34761 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME 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 Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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

empowered.

SIGNATURE:

FILED