2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Apr 23, 2000 8:00 am Secretary of State DOCUMENT # P99000078818 1. Entity Name WIGGINS COMMERCIAL LANDSCAPING, INC. 04-23-2000 90050 006 ***150.00 Principal Place of Business Mailing Address 4027 KIRKLAND BLVD 4027 KIRKLAND BLVD ORLANDO FL 32811-5042 ORLANDO FL 32811 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State Not Applicable Country Zip \$8.75 Additional 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 WIGGINS, MARK Street Address (P.O. Box Number is Not Acceptable) 4027 KIRKLAND BLVD ORLANDO FL 32811 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 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 П 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. ☐ Change ☐ Addition ☐ Delete TITLE WIGGINS, WILLIE NAME 4027 KIRKLAND BLVD STREET ADDRESS STREET ADDRESS ORLANDO FL 32811 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITI F WIGGINS, CORTHEE NAME NAME STREET ADDRESS 4027 KIRKLAND BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ORLANDO FL 32811 VSTD Change ☐ Addition TITLE ☐ Delete TITLE WIGGINS, MARK NAME NAME 5268 MACADAMIA STREET ADDRESS STREET ADDRESS ORLANDO FL 32818 CITY-ST-7IP CITY-ST-7IP ☐ Addition Change TITLE ☐ Delete TITLE WIGGINS, JANITA NAME NAME 5268 MACADAMIA STREET ADDRESS STREET ADDRESS ORLANDO FL 32818 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME 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 trusted 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 empowered.

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