2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P99000082442 Apr 25, 2000 8:00 am Secretary of State FLORIDA LANDSCAPE MAINTENANCE ASSOCIATION INC. 04-25-2000 90041 037 ***150.00 Principal Place of Business Mailing Address 4228 COBBLESTONE CT. 4220 COBBLESTONE CT. ORLANDO FL 32810-1922 ORLANDO-FL-92810-1922 2. Principal Place of Business 3. Mailing Address PO 150 Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Suite Apt #, etc. City & State 4. FEI Number Applied For City & State 59.3598925 021 Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Kennoth A Spray Berry JARVIS, HENRY J Street Address (P.O. Box Number is Not Acceptable) 4228 COBBLESTONE CT. ØRLANDO FL/32810-1922 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. Sprayberry, FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible lection Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. ust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. President & Director Kenneth H. Sprayberry Addition | TITLE Delete NAME STREET ADDRESS 1808 KILGORESI STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32803 sporting treasurer & director Addition ☐ Delete TITLE HENRY J. JARVIS NAME NAME 4228 Cobblestone Of STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORCANDO FL 32810 EXECUTIVE DIRECTOR Addition TITLE TITLE Delete KONNOTH H. SPRAY BORRY NAME NAME 2800 Kitgere ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OBLANOP PL 32803 ☐ Change ☐ Addition □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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 empowered.

SIGNATURE: SIGNATURE SIGNATURE AND THE OF SIGNING OFFICER OF DIRECTOR

3-14.00 407-297-6537

Daytime Phone #