2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P99000084407** Feb 02, 2000 8:00 am 1. Entity Name **Secretary of State** TROPICAL LAWN CARE, INC. 02-02-2000 90047 020 ***150.00 Principal Place of Business Mailing Address C/O MATTHEW C. GRAHAM C/O MATTHEW C. GRAHAM 927 FIFTH STREET 927 FIFTH STREET CLERMONT FL 34711 CLERMONT FL 34711-2216 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State Not Applicable \$8:75-Additional---5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GRAHAM, MATTHEW C Street Address (P.O. Box Number is Not Acceptable) 927 FIFTH STREET CLERMONT FL 34711 Zip Code City 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 \$5.00 May Be Election Campaign Financing 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. ☐ Change ☐ Addition ☐ Delete TITLE GRAHAM, MATTHEW C NAME 927 FIFTH STREET STREET ADDRESS STREET ADDRESS CLERMONT FL 34711 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE GRAHAM, DONNA E NAME NAME 927 FIFTH STREET STREET ADDRESS STREET ADDRESS CITY-ST-7IP. CITY=ST-ZIP _= CLERMONT FL 34711-☐ Addition Change ☐ Delete TITI F GRAHAM, MATTHEW C II NAME NAME STREET ADDRESS STREET ADDRESS 927 FIFTH STREET CITY-ST-7IP CITY-ST-ZIP CLERMONT FL: 34711 ☐ Addition TITLE ☐ Delete TITLE Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

13. I hereby 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 changed, or on an attack must be a supplemental report.

SIGNATURE:

SIGNATURE AND PPED PRINTED NAME OF SIGNING OFFICER OR DIRECTOR