2000 UNIFORM BUSINESS REPORT (UBR)

Apr 24, 2000 8:00 am Secretary of State DOCUMENT # **S68040** EARTHLY MATTERS LANDSCAPING, INC. 04-24-2000 90149 021 ***150.00 Mailing Address Principal Place of Business 4604 - 129TH AVE., N. 4604 - 129TH AVE., N. ROYAL PALM BCH. FL 33411-8951 ROYAL PALM BCH, FL 33411 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0274744 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name PAZANSKI, WILLIAM D. Street Address (P.O. Box Number is Not Acceptable) 4604 - 129TH AVE., N. ROYAL PALM BCH. FL 33411 Zip Code City 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 (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 Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 ☐ Delete TITLE TITLE NAME PAZANSKI, WILLIAM D. NAME STREET ADDRESS 4604 - 129TH AVE., N. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ROYAL PALM BCH. FL Change ■ Addition □ Delete TITLE NAME PAZANSKI, WILLIAM D. NAME STREET ADDRESS STREET ADDRESS 4604 - 129TH AVE., N. CITY-ST-ZIP CITY-ST-ZIP ROYAL PALM BCH. FL ☐ Addition ☐ Delete TITLE TITLE NAME PAZANSKI, THERESE NAME STREET ADDRESS 4604 129TH AVE N STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ROYAL PALM BEAHC FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME 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 attachment with an address, with all other like empowered.

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIG ING OFFICER OR DIRECTOR