FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Apr 16, 2002 8:00 am § Secretary of State DOCUMENT # V14949 1. Entity Name COUNTRY MULCH, INC. Principal Place of Business Mailing Address 9538 171ST STREET NORTH 9538 171ST STREET NORTH JUPITER FL 33478 JUPITER FL 33478 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0329093 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HOWARD, ROBERT, JR. Street Address (P.O. Box Number is Not Acceptable) 9538 171ST STREET NORTH JUPITER FL 33478 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (9/01) TITLE Delete TITLE Change ☐ Addition DOMINGUEZ, LEILANI W NAME NAME Leilani WEBB 1489 SW WILDCAT RD STREET ADDRESS STREET ADDRESS 439 S.W. Wildest Tel. CITY-ST-ZIP STUART FL 34997 CITY-ST-ZIP Stuppl F1. 34997 TITLE ☐ Addition ☐ Delete Change TITI F HOWARD, HELEN NAME NAME STREET ADDRESS 9538 171ST STREET NORTH STREET ADDRESS CITY-ST-7IP JUPITER FL 33478 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition HOWARD, ROBERT JR NAME NAME STREET ADDRESS 9538 171 ST ST N STREET ADDRESS CITY-ST-ZIP Jupiter FL 33478 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE TITLE Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition 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