2001 UNIFORM BUSINESS REPORT (UBR)

May 23, 2001 8:00 am § Secretary of State **DOCUMENT # V53296** 05-23-2001 90231 003 ***150.00 **ULTRA LAWN, INCORPORATED** Principal Place of Business Mailing Address 3335 MARSH RD 3335 MARSH RD 660199 KISSIMMEE FL 34746 KISSIMMEE FL 34746 US 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 59-3118242 Not Applicable Zip Country 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 OLSON, ROBERT Street Address (P.O. Box Number is Not Acceptable) 1815 BROWN STREET KISSIMMEE FL 34741 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, typed or printed name of registered agent and title if applicable. (NO1 Registered Agent signature required when reinstating) FILE NOW !! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2()1 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criter a on back) Make Check Payal le to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS Change Addition TITLE Delete TITLE OLSON, BRIAN NAME NAMÉ STREET ADDRESS 1815 BROWN ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP KISSIMMEE FL ☐ Change ☐ Addition TITLE ☐ Delete TITLE OLSON, ROBERT NAME NAME STREET ADDRESS 1815 BROWN ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP KISSIMMEE FL ☐ Addition ☐ Delete TITLE Change 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 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME

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 hy signature shall have the same legal effect as if made under oath; that I am an officer or director of the conjugation 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:

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Call TI. 1/1

Attachment 660199

DOC#V53296

TO WHOM IT MAY CONCERN,

I CONTACTED THE FLORIDA DEPT. OF STATE ON MAY 15 CONCERNING MY 2001 UNIFORM BUSINESS REPORT AND WAS TOLD TO WRITE THIS LETTER. I AM NOT NORMALLY ONE TO GIVE EXCUSES HOWEVER. DUE TO CIRCUMSTANCES BEYOND MY CONTROL, I WAS UNABLE TO FILE BY MAY FIRST. BACK IN DECEMBER I TOOK ALL MY TAX INFORMATION (INCLUDING THE UNIFORM BUSINESS REPORT) TO MY ACCOUNTANT OF TEN YEARS (CHARLOTTE DREW-699 LEOPARD TL. WINTER SPRINGS, FL.). I WROTE OUT CHECKS FOR HER SERVICES AND TO COVER COSTS OF FILING. SHE HAS SINCE PASSED-AWAY. HER DAUGHTER TOOK OVER HER MOTHER'S BUSINESS AND I WAS ASSURED ALL ITEMS WOULD STILL BE ATTENDED TO. THIS HAS NOT BEEN THE CASE. I HAVE BEEN TRYING FOR SEVERAL WEEKS TO REACH SUZIE DREW WITH NO LUCK. I FINIALLY WENT TO HER OLD OFFICE AND RETRIEVED MY DOCUMENTS. TO MY HORROR NOTHING HAD BEEN FILED.

AS INDICATED BY YOUR INSTRUCTIONS, I HAVE ENCLOSED THE NORMAL AMOUNT FOR FILING. THANKYOU FOR YOUR TIME AND CONSIDERATION OF THIS MATTER.

RESPECTFULLY,

Down Us BRIAN S. OLSON