

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91604 041 ***150.00

DOCUMENT # P98000106190

1. Entity Name

ACACIA LAWN CARE & PRESSURE WASHING, INC.

Principal Place of Business

**415 12TH AVE.NORTH
 JACKSONVILLE BEACH FL 32250
 US**

Mailing Address

**415 12TH AVE.NORTH
 JACKSONVILLE BEACH FL 32250
 US**

2. Principal Place of Business

3. Mailing Address

1153 SEBAGO AVE.S.

1153 SEBAGO AVE.S.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ATLANTIC BEACH, FL

City & State

ATLANTIC BEACH, FL

Zip

32233

Country

US

Zip

32233

Country

US

4. FEI Number

59-3550803

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**POTTER, MARGARET D
 415 12TH AVE.NORTH
 JACKSONVILLE BEACH FL 32250**

7. Name and Address of New Registered Agent

Name **Same (New Address)**

Street Address (P.O. Box Number is Not Acceptable)

1153 SEBAGO AVE.S.

City

ATLANTIC BEACH

FL

Zip

32233

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)

DATE

Margaret D. Potter MARGARET D. POTTER

4/18/02

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD POTTER, MICHAEL 415 12TH AVE.NORTH JACKSONVILLE BEACH FL 32250	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD POTTER, MARGARET D 415 12TH AVE.NORTH JACKSONVILLE BEACH FL 32250	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME (New Address) SAME 1153 SEBAGO AVE.S. ATLANTIC BEACH FL 32233	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME (New Address) SAME 1153 Sebago Ave.S. Atlantic Beach FL 32233	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Margaret D. Potter MARGARET D. POTTER DIRECTOR 4/18/02

904-302-1020

CR2E034 (9/01)