

2001 UNIFORM BUSINESS REPORT (UBR)

RSF7000

DOCUMENT # L00000010791

1. Entity Name

CLASSIC CARE PROFESSIONAL LAWN SERVICE L.L.C.

FILED

01 JAN 17 PM 2:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

2353 BAREFOOT TRACE
ATLANTIC BEACH FL 32233

Mailing Address

2353 BAREFOOT TRACE
ATLANTIC BEACH FL 32233

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3285936

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SMITH, RICHARD S JR
2353 BAREFOOT TRACE
ATLANTIC BEACH FL 32233

7. Name and Address of New Registered Agent

Name

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

City

FL

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)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
PRESIDENT	RICHARD W. SMITH JR	2353 BAREFOOT TRACE	ATLANTIC BEACH, FL 32233	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VICE PRESIDENT	RICHARD W. SMITH III	2017 INDIAN SPRINGS DR	JACKSONVILLE, FL 32246	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SECRETARY / TREASURER	LINDA L. SMITH	2353 BAREFOOT TRACE	ATLANTIC BEACH, FL 32233	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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*****50.00 *****50.00
[Signature]

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *[Signature]* RICHARD W. SMITH, JR.
01/11/01 904-241-1762

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)