

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2002 8:00 am
Secretary of State

02-24-2002 90088 014 ***150.00

0690944 AT

DOCUMENT # P00000096705

1. Entity Name
DOUCET LANDSCAPING, INC.

Principal Place of Business
1409 LAPALOMA CIRCLE
WINTER SPRINGS FL 32708

Mailing Address
~~1409 LAPALOMA CIRCLE~~
~~WINTER SPRINGS FL 32708~~



2. Principal Place of Business

3. Mailing Address
PO Box 196486

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State
Winter Springs, FL

4. FEI Number
59-3680768

Applied For
 Not Applicable

Zip Country

Zip Country
32719-6486

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~DAVEY, ESQ., CATHERINE E~~
~~159 LOOKOUT PLACE, #101~~
~~MAITLAND FL 32751~~

151 Lookout Pl., #200
Maitland, FL 32751

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 *Catherine E Davey*

2/12/02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 Delete
 NAME **D. SIMS, RALEIGH**
 STREET ADDRESS **1409 LAPALOMA CIRCLE**
 CITY-ST-ZIP **WINTER SPRINGS FL 32708**

TITLE Change Addition
 NAME
 STREET ADDRESS **P.O. Box 196486**
 CITY-ST-ZIP **WINTER SPRINGS, FL 32719-6486**

TITLE Delete
 NAME **D, S, T SIMS, JILL L.**
 STREET ADDRESS **P.O. Box 196486**
 CITY-ST-ZIP **WINTER SPRINGS, FL 32719-6486**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 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 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]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/02 **407-923-6890**
 Date Daytime Phone #

CFR2E034 (9/01)