

**2002 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90165 028 ***150.00

DOCUMENT # P01000057966
1. Entity Name
SIZEMORE LAWN + MAINTENANCE, INC

000434

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3371 MANDARIN GLEN DR
Suite, Apt. #, etc.

3. Mailing Address
3371 MANDARIN GLEN DR
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
JACKSONVILLE FL
Zip
32223
Country
US

City & State
JACKSONVILLE FL
Zip
32223
Country
US

4. FEI Number
59-3732378

Applied For
 Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **JASON SIZEMORE**
Street Address (P.O. Box Number is Not Acceptable)
3371 MANDARIN GLEN DR

City **JACKSONVILLE FL** Zip Code **32223**

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 _____

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

January 1 - May 1. Fee is \$150.00
After May 1. Fee is \$550.00
Amended UBR is \$61.25
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

TITLE	P.	TITLE	
NAME	JASON SIZEMORE	NAME	
STREET ADDRESS	3371 MANDARIN GLEN DR	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32223	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

CR2E034B (12/01)

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 on an attachment with an address with all other like empowered.

SIGNATURE: *Jason Sizemore*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-02
Date

Daytime Phone #