

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

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90046 045 ***158.75

DOCUMENT # P01000087065 ✓
1. Entity Name
LINDSEY'S LAWN & LANDSCAPING SERVICES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
9727 TOUCHTON ROAD
Suite, Apt. #, etc.
1305

3. Mailing Address
P.O. Box 54699
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
JACKSONVILLE, FL

City & State
JACKSONVILLE, FL

Zip
32246 Country
USA

Zip
32245 Country
USA

4. FEI Number
69-3742550

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
SPIEGEL & Utrera P.A.

Street Address (P.O. Box Number is Not Acceptable)
1840 SW 22 ST

4th FLOOR

City
MIAMI FL Zip Code
33145

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 Barry L. Crouch Barry L. Crouch 3-16-02
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.

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 NAME STREET ADDRESS CITY - ST - ZIP	<u>DIP</u> <u>JOAN B. CROUCH</u> <u>9727 TOUCHTON RD APT 1305</u> <u>JACKSONVILLE, FL 32246</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>DIC/VIT</u> <u>BARRY L. CROUCH</u> <u>9727 TOUCHTON RD APT 1305</u> <u>JACKSONVILLE, FL 32246</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>DIS</u> <u>DWAYNE L. CROUCH</u> <u>9727 TOUCHTON RD APT 1305</u> <u>JACKSONVILLE, FL 32246</u>
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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: Barry L. Crouch Barry L. Crouch 3/16/02 904.928.3565
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #