

**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

3. Mailing Address

P.O. Box 54699

Suite, Apt. #, etc.

1305

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

JACKSONVILLE, FL

City & State

JACKSONVILLE, FL

4. FEI Number

69-3742550

Applied For

Not Applicable

Zip

32246

Country

USA

Zip

32245

Country

USA

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

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

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IN THIS SPACE**

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

Barry L. Crouch  
(NOTE: Registered Agent signature required when reinstating)

3-16-02  
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 D/P  
NAME JOAN B. CROUCH  
STREET ADDRESS 9727 TOUCHTON RD APT 1305  
CITY - ST - ZIP JACKSONVILLE, FL 32246

TITLE D/C/V/T  
NAME BARRY L. CROUCH  
STREET ADDRESS 9727 TOUCHTON RD APT 1305  
CITY - ST - ZIP JACKSONVILLE, FL 32246

TITLE D/S  
NAME DWAYNE L. CROUCH  
STREET ADDRESS 9727 TOUCHTON RD APT 1305  
CITY - ST - ZIP JACKSONVILLE, FL 32246

TITLE  
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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Barry L. Crouch 3/16/02 904-928-3565

CR2E034B (12/01)