

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90268 010 \*\*\*150.00

00352992 AV

DOCUMENT # P01000104621

1. Entity Name  
**GREENCARE LAWN & LANDSCAPE, INC.**



Principal Place of Business  
3617 CROWN POINT ROAD  
~~STATE~~  
JACKSONVILLE FL 32257

Mailing Address  
P O BOX 24668  
JACKSONVILLE FL 32241-4668



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

*Suite # 2*

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3752447**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**HERNANDEZ, MEREDITH A**  
3617 CROWN POINT ROAD  
~~STATE~~  
JACKSONVILLE FL 32257

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
*Suite # 2*  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Meredith A Hernandez*

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

(NOTE: Registered Agent signature required when reinstating)

**(904)**  
**288-8999**  
DATE

**FILE NOW!!! FEE IS \$150.00**  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Delete  
NAME **DP**  
STREET ADDRESS **IVEY, PAUL G**  
CITY-ST-ZIP **POST OFFICE BOX 24668**  
**JACKSONVILLE FL 32241-4668**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **DV**  
STREET ADDRESS **IVEY, RONALD J**  
CITY-ST-ZIP **POST OFFICE BOX 24668**  
**JACKSONVILLE FL 32241-4668**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **DS**  
STREET ADDRESS **IVEY, M. SHARON**  
CITY-ST-ZIP **POST OFFICE BOX 24668**  
**JACKSONVILLE FL 32241-4668**

TITLE  Change  Addition  
NAME **DST**  
STREET ADDRESS **IVEY, M. SHARON**  
CITY-ST-ZIP **P.O. BOX 24668**  
**Jacksonville, FL 32241-4668**

TITLE  Delete  
NAME **DT**  
STREET ADDRESS **FERGUSON, TRACIE L**  
CITY-ST-ZIP **POST OFFICE BOX 24668**  
**JACKSONVILLE FL 32241-4668**

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

12. 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 on Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Meredith A Hernandez*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**(904)**  
**288-8999**

CR2E034 (10/02)