

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 05, 2003 8:00 am
Secretary of State

04-28-2003 90128 018 ***150.00

DOCUMENT # P02000000934

1. Entity Name
RIGHT STUFF LAWN CARE OF ST. JOHNS, INC.



Principal Place of Business
557 N HORSESHOE RD
ST AUGUSTINE FL 32085

Mailing Address
557 N HORSESHOE RD
ST AUGUSTINE FL 32085

32085

2. Principal Place of Business
SAME

3. Mailing Address
SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

01-0736934

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JAMES, RICHARD
557 N HORSESHOE RD
ST AUGUSTINE FL 32085

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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

TITLE **President** ☐ Delete
NAME **JAMES, RICHARD**
STREET ADDRESS **557 N HORSESHOE RD.**
CITY-STATE-ZIP **ST AUGUSTINE FL 32085**

TITLE **Vice-President** ☐ Delete
NAME **Laura Grace**
STREET ADDRESS **557 N. Horseshoe RD.**
CITY-STATE-ZIP **ST AUGUSTINE, FL 32084**

TITLE **Secretary** ☐ Delete
NAME **Debbie James**
STREET ADDRESS **557 N. Horseshoe RD.**
CITY-STATE-ZIP **ST AUGUSTINE, FL 32084**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

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

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/03

904-829-2698

CR2034 (10/02)