

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90961 002 ***150.00

DOCUMENT # P02000004338

1. Entity Name
ATLANTIC COAST LANDSCAPE OF JACKSONVILLE, INC.



Principal Place of Business
1629 SIXTH STREET SOUTH
JACKSONVILLE BEACH FL 32250

Mailing Address
1629 SIXTH STREET SOUTH
JACKSONVILLE BEACH FL 32250

2. Principal Place of Business
1629 6th Street South

3. Mailing Address
1629 6th Street South

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Jacksonville Bch., FL.

City & State
Jacksonville Bch., FL.

4. FEI Number
59-3606808

Applied For
Not Applicable

Zip
32250

Country
U.S.

Zip
32250

Country
U.S.

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

☒ **CHECK HERE IF MAKING CHANGES**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPROUSE, LEE A JR
1629 SIXTH STREET SOUTH
JACKSONVILLE BEACH FL 32250

Name
Amanda Sprouse

Street Address (P.O. Box Number is Not Acceptable)

1629 6th Street South

City **Jacksonville Beach** **FL** **Zip Code** **32250**

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 *Amanda G. Sprouse*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/31/03

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 ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DPST
SPROUSE, LEE A JR
1629 SIXTH STREET SOUTH
JACKSONVILLE BEACH FL 32250

☒ **Delete**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P/S/T/D
Amanda G. Sprouse
1629 6th Street South
Jacksonville Beach, FL. 32250

☐ **Change** ☒ **Addition**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ **Delete**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ **Change** ☐ **Addition**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ **Delete**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ **Change** ☐ **Addition**

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CITY - ST - ZIP

☐ **Delete**

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☐ **Change** ☐ **Addition**

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☐ **Delete**

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☐ **Change** ☐ **Addition**

TITLE
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CITY - ST - ZIP

☐ **Delete**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ **Change** ☐ **Addition**

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: *Amanda G. Sprouse*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/03 (904)241-9181
Date Daytime Phone #

CR2E034 (10/02)