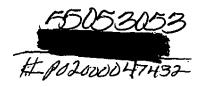
2003 FOR PROFIT CORPORATION

Aug 04, 2003 8:00 am Secretary of State **TUNIFORM BUSINESS REPORT (UBR)** 07-24-2003 90114 025 ***150.00 P02000047432 DOCUMENT # 1. Entity Name LINDSEY, INC. 55053053 Mailing Address Principal Place of Business 1308 SOUTH MAIN STREET 1308 SOUTH MAIN STREET GAINESVILLE FL 32001 **GAINESVILLE FL 32601** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State Applied For Number Not Applicable Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name____ LINDSEY, JONATHAN DEAN Street Address (P.O. Box Number is Not Acceptable) 1308 SOUTH MAIN STREET **GAINESVILLE FL 32601** 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 \$550.00 9. Election Campaign Financing \$5.00 May Be After September 10, 2003 Fee will be \$750.00 Trust Fund Contribution. Added to Fees .Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Delete TITLE ☐ Addition TITLE ☐ Change LINDSEY, JONATHAN DEAN NAME NAME STREET ADDRESS 6120 N W 26TH TERR STREET ADDRESS GAINESVILLE FL 32653 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE. TITLE LINDSEY, TONDA ROCHELLE NAME NAME 6120 N W 28TH TERR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP GAINESVILLE FL 32653 CITY-ST-ZIP ____ Change TITLE ☐ Addition Delete NAME. NAME STREET ADDRESS STREET ADDRESS CITY_ST_7/P CITY-ST-7IP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Oelete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered. SIGNATURE:

Date

Daytime Phone #





-D.M. Smith & Company-

July 23, 2003

Certified Public Accountants 2531-A NW 41st Street Gainesville, FL 32606 352-377-5566

Division of Corporations Uniform Business Report P.O. Box 1500 Tallahassee, FL 32302-1500

-Lindsey,-Inc.

Dear Sirs:

Please accept the original fee of \$150.00 enclosed for reasonable cause.

This company was incorporated this year and the mailing address was changed. The owners have advised us that they did not get the May filing report. They are new to being incorporated and did not know this form was necessary.

They have retained our firm to assist them in all compliance matters and filings.

We appreciate your consideration in this matter.

Sincerely,

D.M. Smith & Company Certified Public Account

Dennis M. Smith, CPA

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