

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0049189 AV

DOCUMENT # P02000067361

1. Entity Name
LUCIOUS-LAWNS IRRIGATION, INC.
LUSCIOUS



FILED

03 APR -3 PM 12:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
191 WOODRICH RD
CRAWFORDVILLE FL 32327

Mailing Address
191 WOODRICH RD
CRAWFORDVILLE FL 32327



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number
45-0479955

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
MARTIN, BARBARA J
191 WOODRICH RD
CRAWFORDVILLE FL 32327

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]* **DATE** 2-27-03

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP D MARTIN, BARBARA J 191 WOODRICH RD CRAWFORDVILLE FL 32327 <i>President</i> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP D ZONDERVAN, JEFF A 191 WOODRICH RD CRAWFORDVILLE FL 32327 <i>V.P.</i> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 300015769713 04/14/03--01003--010 **150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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]* **DATE** 2-27-03 **DAYTIME PHONE #** (850) 926 4467

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)