

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000007087

**FILED**  
**Oct 08, 2009**  
**Secretary of State**

**Entity Name:** FLORIDA STATE LAWN CARE, INC.

**Current Principal Place of Business:**

5424 PERGRAN CT.  
JACKSONVILLE, FL 32257

**New Principal Place of Business:**

**Current Mailing Address:**

5424 PERGRAN CT.  
JACKSONVILLE, FL 32257

**New Mailing Address:**

FEI Number: 03-0504363      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

YOUNG, MICHELLE  
5424 PERGRAN CT  
JACKSONVILLE, FL 32257      US

**Name and Address of New Registered Agent:**

YOUNG, STACEY  
5424 PERGRAN CT  
JACKSONVILLE, FL 32257      US

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.

SIGNATURE: STACEY YOUNG      10/08/2009  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DPT      ( ) Delete  
Name: YOUNG, MICHELLE G  
Address: P.O. BOX 23271  
City-St-Zip: JACKSONVILLE, FL 32241

Title: DS      ( ) Delete  
Name: JAMES, TERRY  
Address: P.O. BOX 23271  
City-St-Zip: JACKSONVILLE, FL 32241

Title: V      (X) Delete  
Name: YOUNG, STACEY  
Address: P.O. BOX 23271  
City-St-Zip: JACKSONVILLE, FL 32241

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DPT      (X) Change ( ) Addition  
Name: YOUNG, STACEY  
Address: P.O. BOX 23271  
City-St-Zip: JACKSONVILLE, FL 32241

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STACEY YOUNG      DPT      10/08/2009  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date