Amended

FILED

03 DEC 23 AM 9:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000002992

1. Entity Name
CARTER'S LAWN/LANDSCAPE & IRRIGATION, INC.

Principal Place of Business
9589 BEAUCLERC COVE ROAD
JACKSONVILLE, FL 32257

Mailing Address
9589 BEAUCLERC COVE ROAD
JACKSONVILLE, FL 32257

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3298897** ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CARTER, DAVID L
9589 BEAUCLERC COVE ROAD
JACKSONVILLE, FL 32257

7. Name and Address of New Registered Agent

Name: Nancy M. Carter
Street Address (P.O. Box Number is Not Acceptable): 9589 Beauclerc Cove Rd.
City: Jacksonville FL Zip Code: 32257

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: Nancy M Carter 12-18-2003
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 Amended filing is $61.25 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CARTER, DAVID L 9589 BEAUCLERC COVE ROAD JACKSONVILLE, FL 32257	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	O Carter, Nancy M. 9589 Beauclerc Cove Rd. Jacksonville, FL 32257	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CARTER, DAVID M 1829 STATE RD. 13 N. JACKSONVILLE, FL 32259	☐ 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	700025693367 12/23/03--01002--003 **131.25	☐ 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
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

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] DAVID M. CARTER 12-18-2003 (904) 730-7711
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #