2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Mailing Address

P99000010545 **DOCUMENT #**

1. Entity Name

Principal Place of Business

LIGHTHOUSE LANDSCAPING OF JACKSONVILLE, INC.

|--|

FILED Jan 30, 2003 8:00 am **Secretary of State**

01-30-2003 90153 043 ***150.00

7938 LIMOGE JACKSONVILL			P.O. BOX 61721 JACKSONVILLE FL 32210							18 8888 888	4 0.15 5: 0 44 1 5 5:
2. Principal P	Place of Business	3. Mai	3. Mailing Address								
Suite, Apt.	#, etc.	Suite	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State	e	City	City & State				4. FEI	Number 59-3552285			opplied For
Zip	Country	Zip	_	Coun	itry		5. Ce	rtificate of Status Desired		8.75 Ac	iditional
	6. Name and Address of Curr	rent Registere	d Agent				7. Nar	me and Address of New Registe	ered Ag	ent	
					Name						
	r, randall r		Street Addre			ddress (P.C	s (P.O. Box Number is Not Acceptable)				
	OGES DR. S.									 _	
JACKSON	IVILLE FL 32210		-	l	l						
					City				FL	Zip Cod	eb
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 SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE											
			licable. (NU1E	i: Registered	d Agent signat	nte tednited Mu	nen reinst	tating) L	ATE.		
FILE NOW!!! FEE IS \$150.00 Aftar May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State				-				Election Campaign Financing Trust Fund Contribution.	g 🗆	\$5.0 Adde	00 May Be ed to Fees
10.	OFFICERS A	AND DIRECTO	DIRECTORS 11.				ADDI	TIONS/CHANGES TO OFFICERS	AND D	IRECTOF	3S IN 11
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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:

94573**9**785