

FILED
Aug 28, 2002 8:00 am
Secretary of State

08-28-2002 90037 024 ***550.00

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

DOCUMENT # P99000030048

1. Entity Name

Florida Groundworks, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2804 Edison Ave.

3. Mailing Address

P.O. Box 37228

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Jacksonville, FL

City & State

Jacksonville, FL

4. FEI Number

59-3567070

Applied For

Not Applicable

Zip

32254

Country

USA

Zip

32236

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

F & L Corp.

Street Address (P.O. Box Number is Not Acceptable)

200 Laura Street

City

Jacksonville

FL

Zip Code
32202

**DO NOT WRITE
 IN THIS SPACE**

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.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when corporation)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

Make Other

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP
P	Ray Harvey	Rt. 1 Box 142	Sanderson, FL 32087				
V	Richard Michael Harvey	6191 W. River Circle	Macclenny, FL 32063				
T	Ray Harvey	Rt. 1 Box 142	Sanderson, FL 32087				
S	Richard Michael Harvey	6191 W. River Circle	Macclenny, FL 32063				
	Assistant Secretary						
	Amy D. Rios	851 W. Macclenny Ave.	Macclenny, FL 32063				

**DO NOT WRITE
 IN THIS SPACE**

13. 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 11 or on an attachment with an address with all other persons empowered.

SIGNATURE:

Ray Harvey

Ray Harvey

8-26-02

904-384-5559

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Office Phone #