

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 11, 2002 8:00 am**  
**Secretary of State**

09-11-2002 90119 003 \*\*\*150.00

**DOCUMENT # P99000083824**

1. Entity Name  
**LANDSCAPERS' DISCOUNT WAREHOUSE, INC.**

Principal Place of Business Mailing Address  
**PO BOX 57037 PO BOX 57037**  
**JACKSONVILLE FL 32241 JACKSONVILLE FL 32241**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-3601367</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent							
<b>GOECKEL, STANLEY B</b> <b>3439 DOCKSIDER DR. S.</b> <b>JACKSONVILLE FL 32257</b>				Name							
				Street Address (P.O. Box Number is Not Acceptable)							
				City				<b>FL</b>		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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		<b>FILE NOW!!! FEE IS \$550.00</b> <b>After September 13, 2002 Fee will be \$750.00</b> <b>Make Check Payable to Department of State</b>		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<b>P</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>YOUNGBLOOD, RANDA</b>		NAME		
STREET ADDRESS	<b>PO BOX 57037</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>JACKSONVILLE FL 32241</b>		CITY-ST-ZIP		
TITLE	<b>V</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>YOUNGBLOOD, GREG</b>		NAME		
STREET ADDRESS	<b>P O BOX 57037</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>JACKSONVILLE FL 32241</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** SIGNATURE REQUIRED VP **9-11-02** **904-880-4110**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/02)

Attachment

# P99000083824

Department of State  
Division of Corporations  
P.O.Box 1500  
Tallahassee, FL 32302-1500

Landscapers Discount Warehouse  
P.O.Box 57037  
Jacksonville, FL 32241

09-11-02

To Whom It May Concern:

We did not receive any "First Notice" of Uniform Business Report being due. Thus the second notice from your office has been accepted as our "First Notice" and the required fee is enclosed. As per Florida Statute 607.193 (2)(b) we have enclosed a check for one hundred fifty dollars, waiving penalty as set forth in the herein above aforementioned applicable Florida Statute. We request your records reflect payment in full concerning this matter.

Sincerely,



Greg Youngblood  
V.P. Landscapers Discount Warehouse