

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State
 02-26-2002 90030 010 ***150.00

DOCUMENT # P99000074299

1. Entity Name
COLONIAL LAWN & PRESSURE WASHING, INC.

Principal Place of Business **Mailing Address**
15681 SE 170TH AVE **15681 SE 170TH AVE**
WIERSDALE FL 32195 **WIERSDALE FL 32195**

2. Principal Place of Business **3. Mailing Address**
OK **P.O. Box 1066**
Suite, Apt. #, etc. **Suite, Apt. #, etc.**
OK **OK**

City & State **City & State**
OK **Lady Lake FL**
Zip **Country** **Zip** **Country**
OK **OK** **32158** **USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number **Applied For**
59-3593683 **Not Applicable**

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

6. Name and Address of Current Registered Agent

EMILY, JAMIE R
15681 SE 170TH AVE
WIERSDALE FL 32195

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** **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.

SIGNATURE **owner** **2-5-02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing **\$5.00 May Be Added to Fees**
 Trust Fund Contribution. ☐

11. OFFICERS AND DIRECTORS

TITLE	PT ☐ Delete
NAME	EMILY, JAMIE R
STREET ADDRESS	15681 SE 170TH AVE
CITY-ST-ZIP	WIERSDALE FL 32195
TITLE	VS ☐ Delete
NAME	EMILY, SUNNY S
STREET ADDRESS	15681 SE 170TH AVE
CITY-ST-ZIP	WIERSDALE FL 32195
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
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: **2-5-02** **352 821 1166**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)