

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F77466

1. Entity Name

COAST TO COAST GRASSING, INCORPORATED

Principal Place of Business

1400 SHEDD LN.  
ORMOND BCH. FL 32173

Mailing Address

P.O. BOX 1008  
BUNNELL FL 32110

2. Principal Place of Business

1400 SHEDD LN.

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 731023

Suite, Apt. #, etc.

City & State

ORMOND BEACH, FL

City & State

ORMOND BEACH, FL

Zip  
32173

Country

FLAGLER

Zip  
32173

Country

VOLUSIA

4. FEI Number

59-2198266

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MARTIN, CAROL I.  
1209 CO. RD. # 140  
P.O. BOX 1008  
BUNNELL FL 32110

7. Name and Address of New Registered Agent

Name

MARTIN, CAROL I.

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

1400 SHEDD LN. (P.O. BOX 731023)

City

ORMOND BEACH,

FL

Zip Code  
32173

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.

CAROL I. MARTIN, PRESIDENT

1-23-01

SIGNATURE

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, 2001 Fee will be \$550.00

Make Check Payable to Department of State

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  
PT  
MARTIN, CAROL I.  
P.O. BOX 1008, CO. RD 140-1209  
BUNNELL FL 32110

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VPS  
MARTIN, JOHN W.  
P.O. BOX 1008, CO. RD 140-1209  
BUNNELL FL 32110

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

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.

CAROL I. MARTIN, PRESIDENT

1-23-01

904-615-3911

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

045124