

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H57026

1. Entity Name
FIRST COAST LANDSCAPE AND IRRIGATION, INC.

FILED
Mar 08, 2001 8:00 am
Secretary of State

03-08-2001 90026 012 ***150.00

Principal Place of Business
6755 STATE ROAD 16TH EAST
ST. AUGUSTINE FL 32082
US

Mailing Address
P.O. BOX 1135
GREENCOVE SPRINGS FL 32043
US

817139



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2739518**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~BEDSOLE, JAMES E.~~
~~1750 HWY A1A, SOUTH SUITE B~~
~~ST. AUGUSTINE FL 32084~~

Name
Steven M. White
Street Address (P.O. Box Number is Not Acceptable)
1717 County Road 220
Apt. 1702
City
Orange Park **FL** Zip Code
32003

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 reinstating)

DATE

X3-2-01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME **DP WHITE, STEVEN M** ☐ Delete
STREET ADDRESS **1730 FIDDLERS RIDGE DR**
CITY-ST-ZIP **ORANGE PARK FL**

TITLE
NAME ☒ Change ☐ Addition
STREET ADDRESS **1717 County Road 220 Apt. 1702**
CITY-ST-ZIP **Orange Park, FL 32003**

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

X3-2-01

X904-825-8296

CR2E034 (10/00)