

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2002 8:00 am
Secretary of State

04-26-2002 90002 043 ***150.00

DOCUMENT # H57026

1. Entity Name

FIRST COAST LANDSCAPE AND IRRIGATION, INC.

Principal Place of Business

Mailing Address

6755 STATE ROAD 16TH EAST
 ST. AUGUSTINE FL 32092
 US

P.O. BOX 1135
 GREENCOVE SPRINGS FL 32043
 US

2. Principal Place of Business

3. Mailing Address

6755 ST. RD - 16 EAST
 Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

ST. AUGUSTINE, FL

Zip

Country

Zip

Country

32043

CLAY

4. FEI Number

59-2739518

Applied For

Not Applicable

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

WHITE, STEVEN M

1717 COUNTY ROAD 220

APT. 1702

ORANGE PARK FL 32003

Name

Street Address (P.O. Box Numbers Not Acceptable)

216 CENTER STREET

City

GREEN COVE SPRGS

FL

Zip Code

32043

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

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
 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
 STREET ADDRESS
 CITY-ST-ZIP
 DP
 WHITE, STEVEN M
 1717 COUNTY ROAD 220 APT 1702
 ORANGE PARK FL 32003 ☐ Delete

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

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☐ 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEVEN M. WHITE 4/14/02 904-925-8296
 Date Daytime Phone #

CR2E034 (9/01)