

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 10, 2003 8:00 am**  
**Secretary of State**

02-10-2003 90115 026 \*\*\*150.00

**DOCUMENT # H57026**

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



Principal Place of Business  
**6751 ST. RD. 16 EAST  
GREEN COVE SPRINGS FL 32043  
US**

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



2. Principal Place of Business

3. Mailing Address  
**216 CENTER ST.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**GREEN COVE SPGS**

4. FEI Number  
**59-2739518**

Applied For  
Not Applicable

Zip

Country

Zip

Country

**32043 CLAY**

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  
216 CENTER STREET  
GREEN COVE SPRINGS FL 32043**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**2-3-03**

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **216 CENTER ST**  
CITY-ST-ZIP **GREEN COVE SPGS FL 32043**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-3-03 904.825 8294**  
Date Daytime Phone #

CR2E034 (10/02)