

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 91229 021 \*\*\*150.00

**DOCUMENT # P01000052066**

1. Entity Name  
**A & G LAWN SERVICES, INC.**

Principal Place of Business <b>C/O COAST TO COAST INVESTMENT GROUP, INC.          11232 TAMiami TRAIL N.          NAPLES FL 34110</b>	Mailing Address <b>C/O COAST TO COAST INVESTMENT GROUP, INC.          11232 TAMiami TRAIL N.          NAPLES FL 34110</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>c/o Coast-to-Coast Realty</b> Suite, Apt. #, etc. <b>267 N. Collier Blvd. #204</b> City & State <b>MARCO ISLAND, FL</b> Zip <b>34145</b> Country <b>USA</b>	3. Mailing Address <b>c/o Coast-to-Coast Realty</b> Suite, Apt. #, etc. <b>267 N. Collier Blvd. #204</b> City & State <b>MARCO ISLAND, FL</b> Zip <b>34145</b> Country <b>USA</b>
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4. FEI Number <b>59-3720743</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**ROLLER, PETRA**  
**C/O COAST TO COAST INVESTMENT GROUP, INC.**  
**11232 TAMiami TRAIL N.**  
**NAPLES FL 34110**

7. Name and Address of New Registered Agent  
 Name  
**ROLLER, PETRA**  
 Street Address (P.O. Box Number is Not Acceptable)  
**c/o Coast-to-Coast Realty**  
**267 N. Collier Blvd. #204**  
 City  
**MARCO ISLAND** FL Zip Code  
**34145**

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 **PETRA ROLLER** DATE **01-12-02**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HERRIDGE, ADAM G</b> <b>898 EGRETS RUN, #201</b> <b>NAPLES FL 34108</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>GLENDIA HERRIDGE</b> <b>898 EGRETS RUN, #201</b> <b>NAPLES, FL 34108</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>ADAM HERRIDGE</b> <b>898 EGRETS RUN, #201</b> <b>NAPLES, FL 34108</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>GLENDIA HERRIDGE</b> <b>898 EGRETS RUN, #201</b> <b>NAPLES, FL 34108</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: **ADAM G. HERRIDGE** 429.02. 941571488  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)