

2002 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000097179

1. Entity Name

CHARLES CONA LANDSCAPING, INC

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90118 035 ***150.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5126 Canal Circles S
Suite, Apt. #, etc.

3. Mailing Address
5126 Canal Circles S
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
LAKE WORTH, FL
Zip
33467
Country
USA

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33467
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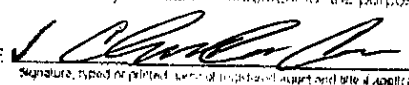
4. Fed Number
59-3749118
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent
Name
CHARLES CONA
Street Address (P.O. Box Number is Not Acceptable)
5126 Canal Circles S
City
LAKE WORTH FL 33467

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  Charles Cona

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

(NOTE: Registered Agent signature required when reinstating.)

4/22/02
DATE

9. This corporation is eligible to satisfy its biennial
Tax filing requirement and elects to check
(See criteria on back)



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
P.D.
CHARLES CONA
5126 CANAL CIRCLES.
LAKE WORTH, FL 33467

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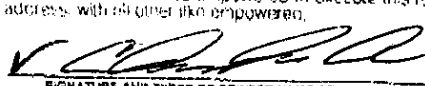
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13. I hereby certify that the information supplied with this filing, does not qualify for the exemption stated in Section 119 C(3)(b), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true 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 individual trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with an other like empowered.

SIGNATURE:  Charles Cona

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/02
Date

Daytime Phone #