2002 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State
05-02-2002 90118 035 ***150.00

DOCUMENT # P01000097179

1. Entity Name
CHARLES CONA LANDSCAPING, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5126 Canal Circle S	5126 Canal Circle S
Suite, Apt #, etc.	Suite, Apt. #, etc.
City & State: LAKE WORTH, FL	City & State: LAKE WORTH, FL
Zip: 33467 Country: USA	Zip: 33467 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI 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 Circle S
City: LAKE WORTH FL Zip Code: 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: [signature] Charles Cona 4/22/02
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) ☒

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

11. OFFICERS AND DIRECTORS

TITLE	P, D	TITLE	
NAME	CHARLES CONA	NAME	
STREET ADDRESS	5126 CANAL CIRCLE S.	STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH, FL 33467	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] Charles Cona 4/22/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #