

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 20, 2003 8:00 am**  
**Secretary of State**

08-20-2003 90051 046 \*\*\*150.00

0129375 AT

DOCUMENT # **P02000044996**

1. Entity Name  
**COAST TO COAST LANDSCAPING, INC.**



Principal Place of Business  
**P.O. BOX 651477  
VERO BEACH FL 32965**

Mailing Address  
**P.O. BOX 651477  
VERO BEACH FL 32965**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
**815 104 S.W.**

3. Mailing Address  
**Same**

Suite, Apt. #, etc.

City & State  
**Vero Beach FL**

City & State  
**—**

4. FEI Number  
**61-0679017**

Applied For  
 Not Applicable

Zip  
**32962**

Country  
**Indian River**

Zip  
**32965**

Country

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

6. Name and Address of Current Registered Agent  
**FILINGS, INC.  
3732 N.W. 16TH STREET  
FT. LAUDERDALE FL 33311-4132**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00 -  
After September 10, 2003 Fee will be \$750.00  
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	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>GOMEZ, JEFFREY</b>
STREET ADDRESS	<b>2276 12TH STREET</b>
CITY-ST-ZIP	<b>VERO BEACH FL 32960</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
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TITLE	<input type="checkbox"/> Delete
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TITLE	<input type="checkbox"/> Delete
NAME	
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CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 all other like empowered.

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

Date **6249**  
Daytime Phone # **572-562-629**

CR2E034 (4/03)

ATTACHMENT  
#PO2000044996

80139234

**Coast To Coast Landscaping Inc.**  
**P.O. Box 651477**  
**Vero Beach, FL 32965**  
**(772)562-6249 (772)473-2402**

Date: August 18, 2003

To: Florida Department of State

From: Coast To Coast Landscaping Inc.

Re: 2003 Uniform Business Report

Please find enclosed check for the original \$150.00 filing fee. This is the  
First notice we have received.

Thankyou,

  
Jeffrey Gomez