

2004 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P03000001582

1. Entity Name

WHITE PINE LAWN & LANDSCAPING SERVICES, CORP.

Principal Place of Business
710 RUE LAVEAU CIR.
FT. MYERS FL 33913

Mailing Address
370 SE 2nd Ave # G1
DEERFIELD BEACH, FL 33441

FILED

04 JUN 10 PM 1:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt #, etc.

City & State

City & State

4. FEI Number

75-3092587

Applied For

Not Applicable

Zip

Country

USA

Zip

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of Now Registered Agent

COIMBRA, PAULO R
710 RUE LAVEAU CIR.
FT. MYERS FL 33913

Name
COIMBRA, PAULO R

Street Address (P O Box Number is Not Acceptable)
370 SE 2nd Ave # G1

City
DEERFIELD BEACH

FL Zip Code
33441

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

(NOTE: Registered Agent signature required when reinstating)

05/24/04
DATE

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, 2004 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PVTSD ☐ Delete
NAME COIMBRA, PAULO R
STREET ADDRESS 370 SE 2nd Ave # G1
CITY - ST - ZIP DEERFIELD BEACH, FL 33441

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

TITLE ☐ Delete
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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 qualified 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:

Paulo R Coimbra
REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/24/04 (561)7565601
Daytime Phone #