


05-09-2003 90156 011 \*\*\*158.75

**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT # P95000002186</b>				
1. Entry Name <b>PLATINUM COAST LAWN CARE, INC.</b>				
Principal Place of Business 5795 COPPER LEAF LAKE NAPLES, FL 34117		Mailing Address 5795 COPPER LEAF LAKE NAPLES, FL 34117		
2. Principal Place of Business 5795 Copperleaf Ln. State, Apt. #, etc.		3. Mailing Address 5795 Copperleaf Ln. State, Apt. #, etc.		
City & State Naples, FL		City & State Naples, FL		4. FEI Number 85-0543423
Zip 34116	Country U.S.A.	Zip 34116	Country U.S.A.	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent <b>MACIAS, CARLOS BRETT</b> 3329 OLYMPIC DR., #716 NAPLES, FL 34108 <i>5795 Copperleaf Ln. Naples, FL 34116</i>			7. Name and Address of New Registered Agent	
Name			Name	
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)	
City			City	Zip Code
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 _____ DATE _____				
<small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent Signature changed within 30 days)</small>				
[Redacted Signature]			B. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MACIAS, CARLOS B</b>		NAME	<i>D Macias Carlos B</i>
STREET ADDRESS	<b>3329 OLYMPIC DR. #716</b>		STREET ADDRESS	<i>5795 Copperleaf Ln</i>
CITY-STATE-ZIP	<b>NAPLES, FL 34108</b>		CITY-STATE-ZIP	<i>NAPLES, FL 34116</i>
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-STATE-ZIP			CITY-STATE-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-STATE-ZIP			CITY-STATE-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-STATE-ZIP			CITY-STATE-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-STATE-ZIP			CITY-STATE-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: <i>Carl Brett Macias</i>			4-30-03 239-289-7665	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>	

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CHECK HERE IF MAKING CHANGES

CR2004 (10/02)