

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90040 023 ***150.00

0050742 AV

DOCUMENT # P98000007027

1. Entity Name

COASTAL LANDSCAPING SERVICES, INC.

Principal Place of Business

**140 PELICAN BAY DRIVE
 SANTA ROSA FL 32459**

Mailing Address

**140 PELICAN BAY DRIVE
 SANTA ROSA FL 32459**

2. Principal Place of Business

161 Goldsby Road

3. Mailing Address

161 Goldsby Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

C-5

C-5

City & State

Santa Rosa Beach

City & State

Santa Rosa Beach

Zip

Country

32459 USA

Zip

Country

32459 USA

4. FEI Number

59-3488938

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

BARTH, JAMES C

**30 SOUTH SHORE DRIVE
 DESTIN FL 32541**

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.

SIGNATURE **CORWYN WIPF, President**

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

(NOTE: Registered Agent signature required when reinstating)

01/07/02

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, 2002 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

TITLE **D/P** ☐ Delete
 NAME **WIPF, CORWYN J**
 STREET ADDRESS **140 PELICAN BAY SR**
 CITY-ST-ZIP **SANTA ROSA BEACH FL**

TITLE **VP** ☐ Delete
 NAME **WIPF, SARAH BETH**
 STREET ADDRESS **140 PELICAN BAY DR**
 CITY-ST-ZIP **SANTA ROSA BEACH FL 32459**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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 CITY-ST-ZIP

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **CORWYN WIPF, President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/07/02

Date

850/654-1257

Daytime Phone #

CR2E034 (9/01)