2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 07, 2003
Secretary of State

DOCUMENT# P98000007027

Entity Name: COASTAL LANDSCAPING SERVICES, INC.

Current Principal Place of Business:

161 GOLDSBY RD
C-5
SANTA ROSA, FL 32459 US

New Principal Place of Business:

Current Mailing Address:

161 GOLDSBY RD
C-5
SANTA ROSA, FL 32459 US

New Mailing Address:

FEI Number: 59-3488938 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BARTH, JAMES C
30 SOUTH SHORE DRIVE
DESTIN, FL 32541 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D/P ( ) Delete
Name: WIPF, CORWYN J
Address: 140 PELICAN BAY SR
City-St-Zip: SANTA ROSA BEACH, FL

Title: VP ( ) Delete
Name: WIPF, SARAH BETH
Address: 140 PELICAN BAY DR
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D/P (X) Change ( ) Addition
Name: WIPF, CORWYN J
Address: 23641 WILDERNESS CANYON RD.
City-St-Zip: RAPID CITY, SD 57702

Title: VP (X) Change ( ) Addition
Name: WIPF, SARAH BETH
Address: 23641 WILDERNESS CANYON RD.
City-St-Zip: RAPID CITY, SD 57702

Title: COO ( ) Change (X) Addition
Name: LOWREY, RICHARD
Address: 275 TWIN LAKES LANE
City-St-Zip: DESTIN,, FL 32541

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CORWYN WIPF D/P 08/07/2003

Electronic Signature of Signing Officer or Director Date