

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 11, 2002 8:00 am
Secretary of State

08-11-2002 90174 005 ***550.00

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DOCUMENT # P99000108412

1. Entity Name
CORAL LAWN MAINTENANCE, INC.

Principal Place of Business
 2271 CARAMBOLA RD.
 WEST PALM BEACH FL 33406

Mailing Address
 2271 CARAMBOLA RD.
 WEST PALM BEACH FL 33406



2. Principal Place of Business

3. Mailing Address
P.O. Box 7488

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State
West Palm Beach FL

4. FEI Number **65-1034161**

Applied For
 Not Applicable

Zip

Country

Zip

Country

33405 USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PIKE, JANE C
18838 N. OSPREY WAY
JUPITER FL 33458

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

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

Jane C Pike

(NOTE: Registered Agent signature required when reinstating)

8/7/2002

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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
 NAME **PSD CHARLTON, JEFFRIE M** ☐ Delete
 STREET ADDRESS **2271 CARAMBOLA RD.**
 CITY-ST-ZIP **WEST PALM BEACH FL 33406**

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

TITLE
 NAME **VPT CHARLTON, KATHERINE A** ☐ Delete
 STREET ADDRESS **2271 CARAMBOLA RD.**
 CITY-ST-ZIP **WEST PALM BEACH FL 33406**

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

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Change ☐ Addition
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 CITY-ST-ZIP

TITLE
 NAME ☐ Change ☐ Addition
 STREET ADDRESS
 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:

SIGNATURE REQUIRED

8/7/02

561.307.5802

CR2E034 (4/02)