

2002 UNIFORM BUSINESS REPORT (UBR)

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.
City & State	City & State West Palm Beach FL
Zip	Zip 33405
Country	Country USA

6. Name and Address of Current Registered Agent PIKE, JANE C 18838 N. OSPREY WAY JUPITER FL 33458	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 *Jane C Pike* (NOTE: Registered Agent signature required when reinstating)

DATE *8/7/2002*

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **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 **\$5.00** May Be Trust Fund Contribution. **Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PSD	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
NAME	CHARLTON, JEFFRIE M		
STREET ADDRESS	2271 CARAMBOLA RD.		
CITY-ST-ZIP	WEST PALM BEACH FL 33406		
TITLE	VPT	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
NAME	CHARLTON, KATHERINE A		
STREET ADDRESS	2271 CARAMBOLA RD.		
CITY-ST-ZIP	WEST PALM BEACH FL 33406		
TITLE		<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
NAME			
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CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
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TITLE		<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
NAME			
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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/7/02 561.307.5802

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AV

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