FILED

## **2002 UNIFORM BUSINESS REPORT (UBR)**

## Feb 18, 2002 8:00 am DOCUMENT # V69129 Secretary of State 1. Entity Name 02-18-2002 90138 013 \*\*\*150.00 INTRACOASTAL LAWN MAINTENANCE & LANDSCAPING, INC. Principal Place of Business Mailing Address 2632 N.E. 26TH COURT 2632 N.E. 26TH COURT FORT LAUDERDALE FL 33306 FORT LAUDERDALE FL 33306 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0362632 Not Applicable Zip Zip \$8.75 Additional Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NORDSTROM, KEN E. 2632 N.E. 26TH COURT FORT L'AUDERDALE FL 33306 8. The above named entit pose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE itle if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. V₽T CR2E034 (9/01) TITLE 💹 Delete Change NORDSTRUM, KEN E. 2632 N.E. 26TH COURT NORDSTROM, KEN E. NAME NAME 2632 N.E. 26 COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE, FLQ CITY-ST-ZIP A. LAUDONDALE, P. 33306 TITLE TITLE **PDS** Delete ☐ Change ✓ Addition NORDSTRUM, DONNA R NAME NORDSTROM, DONNA R. NAME STREET ADDRESS 2632 NE 26 CT STREET ADDRESS 2632 N.E. 26TH CITY-ST-ZIP FT LAUDERDALE FL CITY-ST-ZIP PT. LAUDEROALE, TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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