

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 09, 2003 8:00 am**  
**Secretary of State**

01-09-2003 90118 004 \*\*\*150.00

**DOCUMENT # V69798**

1. Entity Name  
**FLORIDIAN LAWN & DESIGN, INC.**



Principal Place of Business  
~~4574 DYER BLVD.  
BAY #13 & 14  
WEST PALM BEACH FL 33407  
US~~

Mailing Address  
P.O. BOX 6985  
WEST PALM BEACH FL 33405  
US

2. Principal Place of Business

**5313 COLBRIGHT RD**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**LAKE WORTH FL**

City & State

Zip  
**33467**

Country

Zip

Country

4. FEI Number **65-0360911**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☒ CHECK HERE IF MAKING CHANGES



## 6. Name and Address of Current Registered Agent

~~VERA, MIGUEL J  
929 BRADLEY COURT  
WEST PALM BEACH FL 33405~~

## 7. Name and Address of New Registered Agent

Name

**JOE MARTINEZ**

Street Address (P.O. Box Number is Not Acceptable)

**5313 COLBRIGHT RD**

City

**LAKE WORTH**

**FL**

Zip Code

**33467**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**1/4/03**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
NAME **MARTINEZ, JOE**  
STREET ADDRESS **4560 GRAND CYPRESS RD. #53**  
CITY-ST-ZIP **WEST PALM BEACH FL 33417**

TITLE **VP** ☒ Delete  
NAME **MARTINEZ, ILEANA M**  
STREET ADDRESS **929 BRADLEY CT.**  
CITY-ST-ZIP **WEST PALM BEACH FL 33405**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRES.** ☒ Change ☐ Addition  
NAME **MARTINEZ, JOE**  
STREET ADDRESS **5313 COLBRIGHT RD**  
CITY-ST-ZIP **LAKE WORTH FL 33467**

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

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

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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

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

12. 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 10 or Block 11 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

Date

Daytime Phone #

**1/4/03**

CR2E034 (10/02)