## 2000 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # M71060** 1. Entity Name LANDSCAPE DYNAMICS, INC. Principal Place of Business Mailing Address - 21371 SWEETWATER LANE NORTH % 21371 SWEETWATER LANE NORTH **BOCA RATON FL 33428** " RATON FL 33428

## Feb 24, 2000 8:00 am Secretary of State

02-24-2000 90031 024 \*\*\*150.00

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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. F8	65-0053009		plied For of Applicable	
Zip	Country	Zip	Country	<b>5.</b> Co	ertificate of Status Desired	\$8.75 Add	litional d	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
***	Name	Name						
2137	zer, Henry M. 1 Sweetwater Lane,no. A Raton Fl 33428		Street Addres	Street Address (P.O. Box Number is Not Acceptable)				
·/			City	City FL Zip Code				
8. The above	named entity submits this statement for	or the purpose of changing its	registered office or regis	stered age	nt, or both, in the State of Florida.			
SIGNATURE .	Signature, byped or printed name of registered agent	and title if applicable. (NOTE	: Registered Agent signature req	uired when rein	nstating) DATE			
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE								
Tax filing r	oration is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of Star			<b>10.</b> Election Campaign Financing Trust Fund Contribution.		May Be to Fees	
11.	OFFICERS AND	DIRECTORS	12.	ADD	DITIONS/CHANGES TO OFFICERS ANI	DIRECTORS	3 IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TANZER, HENRY M. 21371 SWEETWATER LANE N BOCA RATON FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS TANZER, HENRY M 21371 SWEETWATER LANE N BOCA RATON FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	• • • • • • • • • • • • • • • • • • • •	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Defete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	

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.

2-11-00