
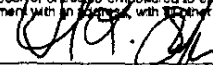


07-03-2003 90035 042 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000010330 1. Entity Name ALTERNASCAPES, INC.			
Principal Place of Business 1872 UNIVERSITY PARKWAY SARASOTA, FL 34243		Mailing Address 1872 UNIVERSITY PARKWAY SARASOTA, FL 34243	
2. Principal Place of Business 3220 17TH STREET Suite, Apt. #, etc.		3. Mailing Address 3220 17TH STREET Suite, Apt. #, etc.	
City & State SARASOTA, FL		City & State SARASOTA, FL	
Zip 34235-8902		Zip 34235-8902	
Country SARASOTA		Country SARASOTA	
4. FEI Number 05-1070340		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$6.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES, FL 33134		7. Name and Address of New Registered Agent 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 _____ DATE _____ <small>(Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when identifying)</small>			
FILE NOW WITH FEE \$155.00 MAIL TO: 2003 FOR PROFIT CORPORATION Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD SHEFFER, DAVID L 1872 UNIVERSITY PARKWAY SARASOTA, FL 34243	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD SHEFFER, DAVID L 12038 LARSON LANE PARRISH, FL 34219
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCSTRAVICK, NEIL J 3289 CHESHIRE LANE SARASOTA, FL 34237	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
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 affidavit with the same effect as if made under oath.			
SIGNATURE: 		DAVID L. SHEFFER 7/1/03 (941) 809-1801	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	

CR23034 (10/02)