

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 10, 2001 8:00 am**  
**Secretary of State**

04-10-2001 90121 021 \*\*\*150.00

0316428

**DOCUMENT # S58231**

1. Entity Name  
**EARTHSCAPE MANAGEMENT SERVICES, INC.**

Principal Place of Business <del>CENTER PARK PLAZA</del> <del>612 N. ORANGE AVE., #15</del> <del>JUPITER FL 33458</del> <del>US</del>	Mailing Address <b>1907 COMMERCE LANE</b> <b>101</b> <b>JUPITER FL 33458</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**6601 Maplewood Dr.**

3. Mailing Address

Suite, Apt. #, etc.  
**#25**

City & State  
**Jupiter FL**

4. FEI Number **65-0268266**  
 Applied For  
 Not Applicable

Zip **33458** Country **USA**

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HOLLOWAY, TROY M**  
**1907 COMMERCE LANE**  
**SUITE 101**  
**JUPITER FL 33458**

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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.   
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	PTD						
	HOLLOWAY, M. TROY	1907 COMMERCE LANE, SUITE 101	JUPITER FL				
	VSD						
	GENTILE, GEORGE G.	1907 COMMERCE LANE, SUITE 101	JUPITER FL				

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: M. Troy Holloway  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/01 501-743-5555  
 Date Daytime Phone #

CR2E034 (10/00)