

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

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91338 013 ***150.00

DOCUMENT # P00000045907

1. Entity Name

J&E Terrascapes

DO NOT WRITE IN THIS SPACE

668838

2. Principal Place of Business

23070 Skyview Cr

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 341078

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Brooksville FL

City & State

Tampa FL

4. FEI Number

59-5656659

Applied For

Not Applicable

Zip

34602

Country

Zip

33694

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Monica Lawson

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

2403 State St.

City

Tampa

FL

Zip Code

33609

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE PD
NAME Jaime Williams
STREET ADDRESS 23070 Skyview Cr
CITY - ST - ZIP Brooksville FL 34602

TITLE VESD
NAME Erica Williams
STREET ADDRESS 23070 Skyview Cr.
CITY - ST - ZIP Brooksville FL 34602

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Jaime Williams

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02

Date

(813)

244-1427

Daytime Phone #

CR2E034B (12/01)