


Form not received due to change in address

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

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90218 044 ***150.00

| | |
|--|---|
| DOCUMENT # P000 000 652 65 |  |
| 1. Entity Name James Landscape Designs, Inc. | |

DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 2. Principal Place of Business Way 102 Santa Barbara | 3. Mailing Address 102 Santa Barbara Way |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

DO NOT WRITE IN THIS SPACE

| | |
|--|--|
| City & State Palm Beach Gardens FL | City & State Palm Beach Gardens FL |
| Zip 33410 | Zip 33410 |
| Country USA | Country USA |

| | |
|------------------------------------|---|
| 4. FEI Number 65-1026320 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|---|

| | |
|--|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| | |
|--|--------------------------|
| 7. Name and Address of Current Registered Agent | |
| Name James C. Thomas | |
| Street Address (P.O. Box Number is Not Acceptable) 102 Santa Barbara Way | |
| City Palm Beach Gardens FL | Zip Code 33410 |

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 James C. Thomas 1/15/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE**

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 President/owner | TITLE |
| NAME James C. Thomas | NAME |
| STREET ADDRESS 102 Santa Barbara Way | STREET ADDRESS |
| CITY-ST-ZIP Palm Beach Gardens FL 33410 | CITY-ST-ZIP |
| TITLE | TITLE |
| NAME | NAME |
| STREET ADDRESS | STREET ADDRESS |
| CITY-ST-ZIP | CITY-ST-ZIP |
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| STREET ADDRESS | STREET ADDRESS |
| CITY-ST-ZIP | CITY-ST-ZIP |

DO NOT WRITE IN THIS SPACE

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

SIGNATURE: James C. Thomas 1/15/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** 561 6253660 **Daytime Phone #**

CR2ED34B (12/02)