

Form not received due to change in address

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

01-27-2003 90218 044 ***150.00

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

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 Way
Suite, Apt. #, etc.

3. Mailing Address
102 Santa Barbara Way
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Palm Beach Gardens Palm Beach Gardens

Zip Country
33410 USA 33410 USA

4. FEI Number
65-1026320

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

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 State Zip Code
Palm Beach Gardens FL 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 NAME STREET ADDRESS CITY - ST - ZIP	President / owner James C. Thomas 102 Santa Barbara Way Palm Beach Gardens FL 33410
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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 Daytime Phone #

CR2E0348 (12/02)