

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


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

6/1

06-11-2003 90062 012 ***150.00

DOCUMENT # P01000002538 (L)

1. Entity Name
ROADSCAPE Inc



DO NOT WRITE IN THIS SPACE

55050064

2. Principal Place of Business
1310 12th ST East
Suite, Apt. #, etc. UNIT # 5

3. Mailing Address
PO Box 2132
Suite, Apt. #, etc.

City & State
Palmetto FL

City & State
Palmetto FL

Zip
34221 Country Manatee

Zip
34220 Country Manatee

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

4. FEI Number
65-0965672

Applied For
 Not Applicable

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

7. Name and Address of Current Registered Agent
Name Justin Whittaker
Street Address (P.O. Box Number is Not Acceptable)
4435 ASCOT CIRCLE SOUTH
City SARASOTA FL Zip Code 34235

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 Justin Whittaker
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered agent signature required when reinstating) DATE

January 1st Fee is \$150.00
After May 1st 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	<u>Pres.</u> <u>Justin Whittaker</u> <u>4435 ASCOT CIRCLE SOUTH</u> <u>SARASOTA FL 34235</u>
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CR2E034B (12/02)

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 empowered.

SIGNATURE: [Signature] Date 6-28-03 941-722-8433 Daytime Phone #



55050004

PO 1000002538

411 7th St. W. # 6
Palmetto, FL. 34221

phone: 941.Erosion (376.7466)
fax: 941.721.4133
web: www.eroadscape.com
email: info@eroadscape.com

Fax Cover

To: Whom It may Concern From: Justin

Fax: _____ Pages: _____

Phone: _____ Date: _____

Ref: _____ CC: _____

- Urgent For Review Please Comment Please Reply Please Recycle

• Comments:

WE SPOKE TO SOMEONE IN YOUR OFFICE BECAUSE WILL NEVER RECEIVE RE-REGISTRATION FORM, BUT THANKS FOR SENDING IT OUT & NEEDS YOUR PAYMENT

Thanks