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Jan 10, 2002 8:00 am

2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Secretary of State **DOCUMENT #** P01000057797 1. Entity Name 01-10-2002 90015 019 ***158.75 SOUTHEAST ENVIROSCAPE, INC. Principal Place of Business Mailing Address 255 W 3RD STREET 255 W 3RD STREET B0001682 CHULUTO FL 32766 CHÚLUTO FL 32766 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For 7in \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Curre DEAL, KRISIN Street Address (P.O. Box Number is Not Acceptable) 255 W 3RD STREET CHULUTO FL 32766 Zip Code FL 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. (9/01)TITLE TITLE Change Delete Knistin Deal NAME DEAL, KRISTIN NAME 255-W3M St CR2E034 STREET ADDRESS 255 W 3RD STREET STREET ADDRESS CITY-ST-ZIP CHULUTO FL 32766 CITY-ST-ZIP ulvota, Fl. 32766 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS 517 London Rd CITY-ST-ZIP CITY-ST-ZIP Winter Park, F ☐ Delete TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 oalh; 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 attachmept with an address, with all other like empowered.