

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2002 8:00 am
Secretary of State

03-14-2002 90309 012 ***150.00

DOCUMENT # P01000063208

1. Entity Name

SCULPTED EARTH, INC.

Principal Place of Business

**4034 N WASHINGTON BLVD SUITE 10
 SARASOTA FL 34234**

Mailing Address

**4034 N WASHINGTON BLVD SUITE 10
 SARASOTA FL 34234**

2. Principal Place of Business

1580 APEX RD.

3. Mailing Address

1580 APEX RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SARASOTA FL

City & State

SARASOTA FL

4. FEI Number

65-1115964

Applied For

Not Applicable

Zip
34240

Country

USA

Zip
34240

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**CASWELL, CHRIS
 2364 FRUITVILLE RD
 SARASOTA FL 34237**

7. Name and Address of New Registered Agent

Name **NELMS, DARLENA H**

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

7160 WILD HORSE CIR.

City **SARASOTA**

FL

Zip Code
34241

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

DARLENA H. NELMS PRES.

3-1-02

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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 **D** ☒ Delete
 NAME **NELMS, DARLENA H**
 STREET ADDRESS **4035 N WASHINGTON BLVD SUITE 10**
 CITY-ST-ZIP **SARASOTA FL 34234**

TITLE **D** ☒ Delete
 NAME **NELMS, HARRY T**
 STREET ADDRESS **4034 N WASHINGTON BLVD SUITE 10**
 CITY-ST-ZIP **SARASOTA FL 34234**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRES** ☒ Change ☐ Addition
 NAME **NELMS, DARLENA H.**
 STREET ADDRESS **7160 WILD HORSE CIR.**
 CITY-ST-ZIP **SARASOTA, FL 34241**

TITLE **V. PRES.** ☒ Change ☐ Addition
 NAME **NELMS, HARRY T.**
 STREET ADDRESS **7160 WILD HORSE CIR.**
 CITY-ST-ZIP **SARASOTA, FL 34241**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-1-02 941-379-1964

CR2E034 (9/01)