05/05/2003 16:53 2393952082 GREEN EARTH

FILED
Jun 09, 2003 8:00 am
Secretary of State

05-19-2003 90228 013 ***150.00

55047123

[redacted]

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000064315

1. Entity Name
SAN-CAP LANDSCAPE, INC.

Principal Place of Business	Mailing Address
1633 PERIWINKLE WAY SUITE A SANIBEL FL 33957-4404	1633 PERIWINKLE WAY SUITE A SANIBEL FL 33957-4404

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
3889 San-Cap Road	3889 San-Cap Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Sanibel, FL	City & State: Sanibel FL
Zip: 33957 Country: Lee	Zip: 33957 Country: Lee

4. FEI Number 65-0765154 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MURTY, TIMOTHY J
1633 PERIWINKLE WAY, SUITE A
SANIBEL FL 33957

7. Name and Address of New Registered Agent

Name: Richard Helms
Street Address (P.O. Box Number is Not Acceptable): Miller Helms + Folk
6326 Whiskey Creek Drive Suite A
City: Fort Myers FL Zip Code: 33919

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: Richard R. Helms — 6/6/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: P NAME: GOULD, JAMES STREET ADDRESS: 1633 PERIWINKLE WAY #A CITY-ST-ZIP: SANIBEL FL 33957-4404	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/02)

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED — James Gould — 5/15/03 — 239-472-1370
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #