

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90241 049 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR) 2002**

DOCUMENT # P01060091440

1. Entity Name

DREAM SCAPES LANDSCAPING, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8466 N. LOCKWOOD

3. Mailing Address

SAME

Suite, Apt. #, etc.

RIDGE ROAD

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

SARASOTA, FL

City & State

4. FEI Number

26-0011622

Applied For

Not Applicable

Zip

34243

Country

US

Zip

Country

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 STEPHEN F. VOIGHT

Street Address (P.O. Box Number is Not Acceptable)
2042 BEE RIDGE ROAD

City SARASOTA

FL

Zip Code 34239

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 STEPHEN F. VOIGHT

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$81.25

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
NAME
STREET ADDRESS
CITY - ST - ZIP

P
JEFF SPOHN
11514 PIMPERNEL DR
BRADENTON, FL 34202

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

S/T
HEATHER SPOHN
11514 PIMPERNEL DR
BRADENTON, FL 34202

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: JEFFREY SPOHN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

CR2E034B (12/01)