FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91764 044 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000026796

1. Entity Name
COSTA VERDE LANDSCAPE CONSTRUCTION & MANAGEMENT, INC.

90128442

Principal Place of Business	Mailing Address
13625 50TH WAY NORTH SUITE 1 CLEARWATER, FL 33706	13625 50TH WAY NORTH SUITE 1 CLEARWATER, FL 33706

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
10700 GANDY BLVD	10700 GANDY BLVD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ST. PETERSBURG FL	City & State: ST. PETERSBURG FL
Zip: 33702 Country: PINELLAS	Zip: 33702 Country: PINELLAS

4. FEI Number ☑ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
SEAMAN, CHARLES M SR.
1903 GULF BLVD
INDIAN ROCKS BEACH, FL 33785

7. Name and Address of New Registered Agent
Name: Scott T Orsini
Street Address (P.O. Box Number Is Not Acceptable): 5390 Central Ave.
City: St. Petersburg FL Zip Code: 33703

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 [signature] 5-1-03
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P SEAMAN, CHARLES M SR. 1903 GULF BLVD. INDIAN ROCKS BCH., FL 33785	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P JAMES QUIN 5226 41st ST ST. PETERSBURG FL 33711	☑ 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
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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: James Quin 5/1/03 727-577-9392
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #