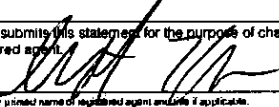


FILED
May 05, 2003 8:00 am
Secretary of State

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.		
Principal Place of Business 13625 50TH WAY NORTH SUITE 1 CLEARWATER, FL 33706		Mailing Address 13625 50TH WAY NORTH SUITE 1 CLEARWATER, FL 33706
2. Principal Place of Business 10700 GANDY BLVD Suite, Apt. #, etc.		3. Mailing Address 10700 GANDY BLVD Suite, Apt. #, etc.
City & State ST. PETERSBURG FL Zip 33702 Country FLORIDA		City & State ST. PETERSBURG FL Zip 33702 Country FLORIDA
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 33786		7. Name and Address of New Registered Agent Name Scott T Orsini Street Address (P.O. Box Number is Not Acceptable) 5370 Central Ave. St. Petersburg FL 33703 City Zip Code
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, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent's signature required when registering.)		DATE 5-1-03
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 TITLE NAME STREET ADDRESS CITY-ST-ZIP P SEAMAN, CHARLES M SR. 1903 GULF BLVD. INDIAN ROCKS BCH., FL 33786 ☒ Delete		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE 5/1/03 DAYTIME PHONE # 727-577-9392

90128442



☐ CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)