

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

4/30

FILED
May 22, 2003 8:00 am
Secretary of State

04-30-2003 90023 041 ***150.00

DOCUMENT # P02000112093



1. Entity Name
TREESCAPE OF TAMPA BAY, INC.

Principal Place of Business
**2004 EAST YUKON STREET
TAMPA FL 33604**

Mailing Address
**2004 EAST YUKON STREET
TAMPA FL 33604**

00014000



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

05 0536759

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145**

7. Name and Address of New Registered Agent

Name

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

City

FL

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

Walter Sanders

Walter Sanders

4/9/03

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
BOWLES, CHARLES J
2004 EAST YUKON STREET
TAMPA FL 33604** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
MOCK, HERBERT
2004 EAST YUKON STREET
TAMPA FL 33604** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
LOPRESTO, JACK
2004 EAST YUKON STREET
TAMPA FL 33604** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
POWELL, AMANDA
2004 EAST YUKON STREET
TAMPA FL 33604** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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☐ 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)(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

Charles Bowles

4/21/03 (813) 244-8688

Date

Daytime Phone #

CR2E034 (10/02)