

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90459 013 ***150.00

0698299 AV

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1. Entity Name
ENHANCING OUTDOOR SPACES, INC.

Principal Place of Business
**344 GARDENIA RD.
VENICE FL 34293
US**

Mailing Address
**344 GARDENIA RD.
VENICE FL 34293
US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
344 Gardenia Rd.

3. Mailing Address
344 Gardenia Rd.

Suite, Apt. #, etc.

City & State
Venice, Florida

City & State
Venice, Florida

4. FEI Number
83-0344004

Applic For
Not Applicable

Zip
34293

Country
SARASOTA

Zip
34293

Country
SARASOTA

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**VAN ESSEN, CAROL L
344 GARDENIA RD.
VENICE FL 34293**

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 _____ (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 | OWNER CAROL VANESSEN, FLAP 344 Gardenia Rd. Venice, Florida 34293 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: **CAROL VANESSEN** **owner** **4-24-2003** **(941) 492-3425**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)