

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

03-28-2003 90086 005 ***150.00

DOCUMENT # P93000014298

1. Entity Name
A SODSCAPE, INC.



Principal Place of Business
**13970 NORTHEAST 110TH AVENUE ROAD
FORT MCCOY FL 32134**

Mailing Address
**13970 NORTHEAST 110TH AVENUE ROAD
FORT MCCOY FL 32134**

2. Principal Place of Business
12705 NW 135th St.
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 1102
Suite, Apt. #, etc.

City & State
Ft. McCoy FL
Zip
32134
Country
Marion

City & State
Ft. McCoy FL
Zip
32134
Country
Marion

4. FEI Number **59-3167230**

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

DEJOHN, TERESA A
**13970 NORTHEAST 110TH AVENUE ROAD
FORT MCCOY FL 32134**

7. Name and Address of New Registered Agent

Name
DEJOHN, TERESA
Street Address (P.O. Box Number is Not Acceptable)
12705 NW 135th St.
City
Ft. McCoy **FL** Zip Code
32134

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 *Teresa A. DeJohn*
Signature, typed by printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-24-03
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
D
DEJOHN, TERESA A ☐ Delete
13970 NORTHEAST 110TH AVENUE ROAD
FORT MCCOY FL 32134

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
DEJOHN, ROCKY L ☐ Delete
13970 NE 110TH AVE RD
FORT MCCOY FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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
DEJOHN, TERESA A ☒ Change ☐ Addition
12705 NW 135th St.
Ft. McCoy, FL 32134

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DEJOHN, ROCKY L ☒ Change ☐ Addition
12705 NW 135th St.
Ft. McCoy FL 32134

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

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

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

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)(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: *Teresa A. DeJohn*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-24-03 **352-236-4862**
Date Daytime Phone #

CR2E034 (10/02)