

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2002 8:00 am
Secretary of State

03-26-2002 90050 036 ***150.00

DOCUMENT #	P93000077326
1. Entity Name	
FLORISCAPE, INC.	

Principal Place of Business	Mailing Address
5437 AVERY ROAD NEW PORT RICHEY FL 34652	5437 AVERY ROAD NEW PORT RICHEY FL 34652
(correct)	

2. Principal Place of Business	3. Mailing Address
5250 Luna Vista Dr.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
New Port Richey, FL	
Zip	Country
34652	Pasco

4. FEI Number	Applied For
59-3214470	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	

6. Name and Address of Current Registered Agent
FREDA, JOHN 5437 AVERY RD NEW PORT RICHEY FL 34652

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.
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>
DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
<input type="checkbox"/>		<input type="checkbox"/>	

11. OFFICERS AND DIRECTORS	
TITLE	PVP <input type="checkbox"/> Delete
NAME	FREDA, JOHN
STREET ADDRESS	5437 AVERY ROAD
CITY-ST-ZIP	NEW PORT RICHEY FL 34652
TITLE	ST <input type="checkbox"/> Delete
NAME	FREDA, TERESA
STREET ADDRESS	5437 AVERY ROAD
CITY-ST-ZIP	NEW PORT RICHEY FL 34652
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.
--

SIGNATURE: <u>Teresa S. Freda</u>	3-12-02	727-847-2002
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>

CR2E034 (9/01)