

2001 UNIFORM BUSINESS REPORT (UBR)

Amended

FILED
01 OCT 22 AM 9:42
SECRETARY OF STATE
TALLAHASSEE FLORIDA
400004687674--0
-11/19/01--01066--022
DO NOT WRITE IN THIS SPACE

DOCUMENT # *PA0000052917*
1. Entity Name

Exotic Landscape Design, Inc.

Principal Place of Business Mailing Address

2. Principal Place of Business *711 Guild Drive* 3. Mailing Address *711 Guild Drive*
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State *Venice, FL* City & State *Venice, FL*
Zip *34285* Country *US* Zip *34285* Country *US*

4. FEJ Number *65-0680006* Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
Patrick Croser
711 Guild Drive
Venice, FL 34285

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

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, 2001 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

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>President</i> <i>Patrick Croser</i> <i>711 Guild Drive, Venice, FL</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Sam Croser</i> <i>90 Coral Way</i> <i>Venice, FL 34285</i> <i>Vice President</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE 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)(f), 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: *Patrick Croser* Date: *10/17/2001* Daytime Phone #: *486-0691*

CR2E034 (11/00)