

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 23, 1999 8:00 am Secretary of State 04-23-1999 90186 025 ***150.00

DOCUMENT # P9800063401 1. Gorporation Name ECOSCAPE, INC.									
Principal Place of Business Malling Address						i idditest tea raini initi authi auth auth suiti auth	B Britis ittil Støff	0 0(A) 1430 (AM)	
2750 ROOSEVELT BLVD. 2750 ROOSEVELT BLVD.						1			
CLEARWATER FL 33760 CLEARWATER FL 33760									
·						DO NOT WRITE IN TH	S SPACE		٦.
1						3. Date incorporated or Qualifed			ļ
						07/17/1998			-
	Place of Business	2a. Mailing Address	 -			4. FEI Number 59-3524307		plied For t Applicable	-
26 Suite, Apt. #, etc. Suite, Apt. #, etc.						3 13034 1007	\$8.75		1
						5. Certificate of Status Desired	Fee Re		Į
22 27 City & State City & State						6. Election Campaign Financing	\$5.00	May Re	1
23						Trust Fund Contribution	Added		
Zip	Country Zip			Country		8. This corporation owes the current year Intangible			
24	25 29 3		30	0		Personal Property Tax.	☐ Yes	□No	
	9. Name and Address of Current Registered Agent			I		10. Name and Address of New Registere	d Agent		1
8,004.	INCOLL ADT			81 Nam	9				
KEMPTON, ART				82 Stre	t Addre	ss (P.O. Box Number is Not Acceptable)	. 		1
2750 ROOSEVELT BLVD.									4
CLE	ARWATER FL 33760			83					ĺ
				84 City			85 Zip (ode	1
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE									
	Signature, typed or printed name of registered age			Agent signatu	e required	when reinstating) DATE	UD DIDEATO	DO 101 42	ļģ
12.		ND DIRECTORS	13. 1.1 Ti			ADDITIONS/CHANGES TO OFFICERS A	Change	Addition □	9
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billed with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information mental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an use receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in a altachment with an address, with all other like empowered. 14. I hereby certify that the information supplied with this filin indicated on this annual report or supplemental annual reduction of the corporation or the receiver or trust Block 12 or Block 13 if changed, or on an attachment with

SIGNATURE: Art Kempton