

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90238 037 ***158.75

DOCUMENT # P98000106747

1. Entity Name
VISIONSCAPE LANDSCAPING SOLUTIONS, INC.



Principal Place of Business
**7041 GRAND NATIONAL DRIVE
STE 200
ORLANDO FL 32819
US**

Mailing Address
**7041 GRAND NATIONAL DRIVE
STE 200
ORLANDO FL 32819
US**

90021762



2. Principal Place of Business

**7479 CONROY WINDERMERE RD
SUITE C**

3. Mailing Address

**7479 CONROY WINDERMERE RD
SUITE C**

☒ CHECK HERE IF MAKING CHANGES

City & State
ORLANDO FL

City & State
ORLANDO FL

4. FEI Number
59-3547316

Applied For
Not Applicable

Zip
32835

Country
USA

Zip
32835

Country
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WATSON, DAVID
7041 GRAND NATIONAL DRIVE
STE 200
ORLANDO FL 32819**

Name

Street Address (P.O. Box Number is Not Acceptable)
**7479 CONROY WINDERMERE RD
SUITE C**

City
ORLANDO FL

Zip Code
32835

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 *David Watson*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/21/03
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
D ☐ Delete
NAME
WATSON, DAVID
STREET ADDRESS
7041 GRAND NATIONAL DRIVE STE 200
CITY-ST-ZIP
ORLANDO FL 32819

TITLE ☒ Change ☐ Addition
NAME
7479 CONROY WINDERMERE RD, SUITE C
STREET ADDRESS
ORLANDO, FL 32835
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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: *David Watson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **DAVID S. WATSON
PRESIDENT**

1-21-03 407 355 0588
Date Daytime Phone #

CR2E034 (10/02)