

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000025968

1. Entity Name

COLORSCAPES, INC.

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90094 006 ***150.00

Principal Place of Business

Mailing Address

4446-1A HENDRICKS AVE. #143
JACKSONVILLE FL 32207

4446-1A HENDRICKS AVE. #143
JACKSONVILLE FL 32207-6326

2. Principal Place of Business

120 Cumberland Park Drive

3. Mailing Address

120 Cumberland Park Drive

Suite, Apt. #, etc.

#201

Suite, Apt. #, etc.

#201

City & State

St. Augustine FL

City & State

St. Augustine FL

4. FEI Number

59-3560446

Applied For

Not Applicable

Zip

32045

Country

USA

Zip

32045

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

LINDA BOUSQUET ACCOUNTING SERVICE, INC.
1054 ELLIS RD. S.
JACKSONVILLE FL 32205

Name

Tammy D. Parker

Street Address (P.O. Box Number is Not Acceptable)

1535 Peachtree Circle North

City

Jacksonville

FL

Zip Code

32207

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

Tammy D. Parker

(NOTE: Registered Agent signature required when reinstating)

DATE

3/4/00

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
President
Tammy D. Parker
1535 Peachtree Circle North
Jacksonville, FL 32207

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice President
Carrie L. Beauregard
1535 Peachtree Circle North
Jacksonville, FL 32207

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice President
Kimberly D. Cerrato
18 N. Wilderness Trail
Ponte Vedra Beach, FL 32082

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ 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:

Tammy D. Parker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/00

Date

904-631-7285

Daytime Phone #

CR2E034 (9/99)