

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2001 8:00 am
Secretary of State
04-10-2001 90094 024 ***150.00

0450841

DOCUMENT # P99000025968**1. Entity Name**
COLORSCAPES, INC.**Principal Place of Business**
120 CUMBERLAND PARK DRIVE
SUITE 201
SAINT AUGUSTINE FL 32095**Mailing Address**
120 CUMBERLAND PARK DRIVE
SUITE 201
SAINT AUGUSTINE FL 32095**2. Principal Place of Business**
9500 County Road 16 A
Suite, Apt. #, etc.**3. Mailing Address**
9500 County Road 16 A
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
St. Augustine, FL**City & State**
St. Augustine, FL**4. FEI Number** **59-3560446****Applied For**
Not Applicable**Zip** **32092** **Country** **USA****Zip** **32092** **Country** **USA****5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent****PARKER, TAMMY D**
1535 PEACHTREE CIRCLE NORTH
JACKSONVILLE FL 32207**7. Name and Address of New Registered Agent****Name**
Tammy D. Parker
Street Address (P.O. Box Number is Not Acceptable)
9500 County Road 16 A
City **St. Augustine** **FL** **Zip Code** **32092****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***4/05/01**

(NOTE: Registered Agent signature required when reinstating)

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE** **P** ☐ **Delete**
NAME **PARKER, TAMMY D**
STREET ADDRESS **1535 PEACHTREE CIRCLE NORTH**
CITY-ST-ZIP **JACKSONVILLE FL 32207****TITLE** ☒ **Change** ☐ **Addition**
NAME
STREET ADDRESS **9500 County Road 16 A**
CITY-ST-ZIP **St. Augustine, FL 32092****TITLE** **VP** ☐ **Delete**
NAME **BEAUREGARD, CARRIE L**
STREET ADDRESS **1535 PEACHTREE CIRCLE NORTH**
CITY-ST-ZIP **JACKSONVILLE FL 32207****TITLE** ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS **9500 County Road 16 A**
CITY-ST-ZIP **St. Augustine, FL 32092****TITLE** **VP** ☒ **Delete**
NAME **CERRATU, KIMBERLY D**
STREET ADDRESS **18 N. WILDERNESS TRAIL**
CITY-ST-ZIP **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**
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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

4/05/01

Date

Daytime Phone #

CR2E034 (10/00)