

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000072594**

1. Entity Name

ALLSCAPE OF FLORIDA, INC.**FILED**
Jan 19, 2001 8:00 am
Secretary of State

01-19-2001 90047 036 ***150.00

Principal Place of Business

**5471 NW 5TH STREET
OCALA FL 34482**

Mailing Address

**5471 NW 5TH STREET
OCALA FL 34482**

2. Principal Place of Business

5471 NW 5TH STREET

Suite, Apt. #, etc.

3. Mailing Address

5471 NW 5TH STREET

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

OCALA FLA.

City & State

OCALA FLA.

4. FEI Number

59-3590946

Applied For

Not Applicable

Zip

34482

Country

USA

Zip

34482

Country

USA5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HARDEN, JACQUI Y
5471 NW 5TH STREET
OCALA FL 34482**

7. Name and Address of New Registered Agent

Name

HARDEN, Jacqui Y

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

5471 NW 5TH ST.

City

OCALA

FL

FL

Zip Code

34482

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

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

JACQUI HARDEN President

(NOTE: Registered Agent signature required when reinstating)

DATE

1/4/019. 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	<input type="checkbox"/> Delete
P	HARDEN, JACQUI Y	5471 NW 5TH STREET	OCALA FL 34482	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
V	KILLGORE, RANDALL E	14648 POINT E TRAIL	CLERMONT FL 34711	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
P	HARDEN, JACQUI Y	5471 NW 5TH ST	OCALA FL. 34482		

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
V	KILLGORE, RANDALL E	14648 POINT E TRAIL	CLERMONT FL. 34711		

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/01

Date

(352) 208-2813

Daytime Phone #

0532905

CR2E034 (10/00)