

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2003 8:00 am
Secretary of State

02-26-2003 90158 015 ***150.00

DOCUMENT # P99000072594

1. Entity Name
ALLSCAPE OF FLORIDA, INC.



Principal Place of Business
**5471 NW 5TH STREET
OCALA FL 34482**

Mailing Address
**15801 SW 46TH CIR
OCALA FL 34473**

new address

2. Principal Place of Business

Jacksonville FL.

3. Mailing Address

645 Aquatic Dr.

City & State

Atl. Beach

City & State

Fla.

Zip

Country

USA

Zip

32233

Country

Duval

4. FEI Number

59-3590946

Applied For

Not Applicable

5. 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

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

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

TITLE **P** ☐ Delete

NAME **HARDEN, JACQUI Y**
STREET ADDRESS **15801 SW 46TH ST**
CITY-ST-ZIP **OCALA FL 34473**

TITLE **V** ☐ Delete

NAME **KILLGORE, RANDALL E**
STREET ADDRESS **14648 POINT E TRAIL**
CITY-ST-ZIP **CLERMONT FL 34711**

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition

NAME **HARDEN, Jacqui**
STREET ADDRESS **645 Aquatic Dr.**
CITY-ST-ZIP **Atl. Bch. Fl. 32233**

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

CR2E034 (10/02)

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/03 (904)553-0670

Date

Daytime Phone #