

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2001 8:00 am
Secretary of State
 04-10-2001 90121 021 ***150.00

0316428

DOCUMENT # S58231

1. Entity Name
EARTHSCAPE MANAGEMENT SERVICES, INC.

Principal Place of Business
~~CENTER PARK PLAZA~~
~~612 N. ORANGE AVE., #15~~
~~JUPITER FL 33458~~
~~US~~

Mailing Address
 1907 COMMERCE LANE
 101
 JUPITER FL 33458

2. Principal Place of Business
 661 Maplewood Dr.
 Suite, Apt. #, etc.
 #25

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Jupiter FL

City & State

Zip
 33458

Country
 USA

4. FEI Number **65-0268266**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

HOLLOWAY, TROY M
1907 COMMERCE LANE
SUITE 101
JUPITER FL 33458

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.

SIGNATURE _____
 Signature, typed or printed name of registered agent and title if applicable. (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 Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **PTD** ☐ Delete
 NAME **HOLLOWAY, M. TROY**
 STREET ADDRESS **1907 COMMERCE LANE, SUITE 101**
 CITY-ST-ZIP **JUPITER FL**

TITLE **VSD** ☐ Delete
 NAME **GENTILE, GEORGE G.**
 STREET ADDRESS **1907 COMMERCE LANE, SUITE 101**
 CITY-ST-ZIP **JUPITER FL**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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 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)(j), 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: M. Troy Holloway
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/01 561-743-5555
 Date Daytime Phone #

CR2E034 (10/00)