

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # V15616**

1. Entity Name

**EARTHSCAPES, INC.****FILED**  
**Jan 19, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90154 004 \*\*\*150.00

**80003447**

DO NOT WRITE IN THIS SPACE

**Principal Place of Business**  
4272 FOREST BLVD.  
JACKSONVILLE FL 32246**Mailing Address**  
4272 FOREST BLVD.  
JACKSONVILLE FL 32246-6449**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

**4. FEI Number** 59-3105057Applied For  
Not Applicable**5. Certificate of Status Desired** ☐**\$8.75 Additional  
Fee Required****6. Name and Address of Current Registered Agent****CLOER, JERRY A**  
4272 FOREST BLVD.  
JACKSONVILLE FL 32246**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, 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****TITLE** PD  
**NAME** CLOER, JERRY A  
**STREET ADDRESS** 4272 FOREST BLVD.  
**CITY-ST-ZIP** JACKSONVILLE FL 32216 ☐ Delete**TITLE** DVP  
**NAME** CLOER, DOROTHEA  
**STREET ADDRESS** 4272 FOREST BLVD.  
**CITY-ST-ZIP** JACKSONVILLE FL 32216 ☐ Delete**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP** ☐ Delete**TITLE**  
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**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP** ☐ Delete**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP** ☐ Change ☐ Addition**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP** ☐ Change ☐ Addition**TITLE**  
**NAME**  
**STREET ADDRESS**  
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**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP** ☐ Change ☐ Addition**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP** ☐ Change ☐ 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**

Date

Daytime Phone #

CR2E034 (9/99)