

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91301 027 ***150.00

DOCUMENT # FD2000000038
1. Entity Name
LANDSCAPE FORMS, INC. ✓

DO NOT WRITE IN THIS SPACE

11024124

2. Principal Place of Business
431 LAWNDALE AVE.
Suite, Apt. #, etc.

3. Mailing Address
431 LAWNDALE AVE.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
KALAMAZOO, MI

City & State
KALAMAZOO, MI

4. FEI Number
38-18975776
Applied For
Not Applicable

Zip
49048

Country
USA

Zip
49048

Country
USA

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name **GAP Architectural Products**
Street Address (P.O. Box Number is Not Acceptable)
2255 Howard Drive
Winter Park, FL 32789
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 _____ DATE _____
Signature, typed or printed of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY - ST - ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE Conrad T. Sutter **4-18-03** **(269)301-15396**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
VP Finance

CR2E034B (1/2/02)