

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2000 8:00 am
Secretary of State

05-12-2000 90081 011 ***150.00

DOCUMENT # **P99000037429**
 1. Entity Name
Patrick Tierney Tropical Landscapes, Inc.

Principal Place of Business Mailing Address

2. Principal Place of Business **2803 Seidenberg Ave.**
 Suite, Apt. #, etc.

3. Mailing Address **2803 Seidenberg Ave.**
 Suite, Apt. #, etc.

City & State **Key West, FL**
 Zip **33040** Country **USA**

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 Zip **33040** Country **USA**

4. FEI Number **65-0916617** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent
 Name **Patrick Tierney**
 Street Address (P.O. Box Number is Not Acceptable) **2803 Seidenberg Ave.**
 City **Key West** FL Zip Code **33040**

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 **Patrick Tierney Patrick Tierney President** DATE **4-25-00**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 President <input type="checkbox"/> Delete	NAME Patrick Tierney
STREET ADDRESS 2803 Seidenberg Ave.	CITY-ST-ZIP Key West FL 33040
TITLE <input type="checkbox"/> Delete	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME
STREET ADDRESS	CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	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)(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: **Patrick Tierney Patrick Tierney** DATE **4-25-00** Daytime Phone # **(305)296-8269**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR