# I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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

SIGNATURE: ISABEL TOMAS

Electronic Signature of Signing Officer/Director Detail

## 8180 96TH CT S BOYNTON BEACH, FL 33472

**Current Principal Place of Business:** 

Entity Name: TOMAS PALM TREE NURSERY, INC

### **Current Mailing Address:**

7661 HIGHRIDGE RD BOYNTON BCH. FL 33426 US

#### FEI Number: 82-3380170

#### Name and Address of Current Registered Agent:

TOMAS, ISABEL 7661 HIGHRIDGE RD BOYNTO BEACH, FL 33426 US

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:

**Officer/Director Detail :** PRES Title Title VP TOMAS, ISABEL Name TOMAS, GASPAR Name 7661 HIGHRIDGE RD Address 7661 HIGHRIDGE RD Address City-State-Zip: BOYNTON BCH FL 33426

above, or on an attachment with all other like empowered. PRESIDENT

FILED Mar 10, 2021 Secretary of State 1069287214CC

Certificate of Status Desired: No

City-State-Zip: BOYNTON BEACH FL 33426

03/10/2021

Date

### 2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT DOCUMENT# P17000091116

Electronic Signature of Registered Agent

Date