## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Aug 13, 2001 8:00 am Secretary of State DOCUMENT # 465632 1. Entity Name 08-13-2001 90005 010 \*\*\*550.00 FLORIDA TROPICAL FOLIAGE, INC. Principal Place of Business Mailing Address 730 E CRISAFOLLI ROAD 730 E CRISAFOLLI ROAD D0061041 MERRITT ISLAND FL 32953 MERRITT ISLAND FL 32953 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc.-Suite, Apt.#, etc. - - . - -DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1559605 Not Applicable Country Zip Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent THOMPSON, ALBERT Street Address (P.O. Box Number is Not Acceptable) 730 E CRISAFULL **MERRITT ISLAND FL 32952** City 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) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible --- \$5.00 May Be =10. Election Campaign Financing. Tax filing requirement and elects to do so: After September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Delete CR2E034 (5/01) TITLE TITLE ☐ Change ☐ Addition NAME THOMPSON, ALBERT NAME STREET-ADDRESS 730 E CRISAFULLI RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MERRITT ISLAND, FL 00000 TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE 23 , 3 ° X ☐ Delete ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of 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

**FILED**