2001 UNIFORM BUSINESS REPORT (UBR) FILED Feb 03, 2001 8:00 am Secretary of State **DOCUMENT # H60296** 1. Entity Name TROPICAL PLANT DESIGNS BY LISA, INC. 02-03-2001 90297 022 ***150.00 Principal Place of Business Mailing Address PO BOX 16603 1961 SW 52ND TERR PLANTATION FL 33314 PLANTATION FL 33318-6603 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 59-2553345 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 33317 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Marcie West HALL, LISA A. Street Address (P.O. Box Number is Not Acceptable) 1807 VICTORIA PARK RD. FT. LAUDERDALE FL 33305 1961 Southwest 52nd Terrace Zin Code 33317 Plantation 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. Marcie West SIGNATUR (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. PD Delete ☐ Addition TITLE PD TITLE X Change NAME NAME Marcie West HALL, LISA A. STREET ADDRESS STREET ADDRESS 1961 S.W. 52nd Terrace 1807 N VICTORIA PARK RD. CITY-ST-ZIP CITY-ST-ZIP Plantation, FL 33317 FT. LAUDERDALE FL Z Delete **VPS** TITLE XI Change ☐ Addition NAME Rick West HALL, STEPHEN JOHN STREET ADDRESS STREET ADDRESS 1807 N VICTORIA PARK RD. 1961 Southwest 52nd Terrace CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL Plantation, FL 33317 JITLE. ☐ Detete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS

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 of 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.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-7IP

TITLE

NAME

☐ Delete

SIGNATURE!

CITY-ST-ZIP

STREET ADORESS

CITY-ST-7IP

TITLE

NAME

OFFICER OR DIRECTOR

Marcie West

954-584-6624

Change

☐ Addition