

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**  
 05-06-2002 90120 045 \*\*\*150.00

**DOCUMENT # P00000033817**

1. Entity Name  
**TRELLIS GARDEN, INC.**

Principal Place of Business  
**2321 SW CRANBROOK DRIVE**  
**BOYNTON BEACH FL 33436**

Mailing Address  
**2321 SW CRANBROOK DRIVE**  
**BOYNTON BEACH FL 33436**



2. Principal Place of Business

**129 LAS BRISAS CIRCLE**  
**BOYNTON BEACH, FL**  
**HYPOLEXO, FL**

3. Mailing Address

**129 LAS BRISAS CIRCLE**  
**BOYNTON BEACH, FL**  
**HYPOLEXO, FL**

DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.  
**HYPOLEXO, FL**  
**33462**

Suite, Apt. #, etc.  
**HYPOLEXO, FL**  
**33462**

4. FEI Number **65-0995396**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**VACARRO, JANICE**  
**2321 SW CRANBROOK DRIVE**  
**BOYNTON BEACH FL 33436**

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**129 LAS BRISAS CIRCLE**  
**HYPOLEXO, FL**  
 City **FL** **33462**

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 **Janice Vaccaro**

DATE **4/22/02**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2002 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 **D** ☐ Delete  
 NAME **VACARRO, JANICE C**  
 STREET ADDRESS **2321 SW CRANBROOK DRIVE**  
 CITY-ST-ZIP **BOYNTON BEACH FL 33436**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **129 LAS BRISAS CIRCLE**  
 CITY-ST-ZIP **HYPOLEXO, FL. 33462**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ 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 lines empowered.

SIGNATURE:

**Janice Vaccaro**

DATE **4/22/02** (561) 278-3391

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)