

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90209 036 ***150.00

DOCUMENT # P00000033817

1. Entity Name
TRELLIS GARDEN, INC.



Principal Place of Business
129 LAS BRISAS CIR.
HYPOLUXI FL 33462

Mailing Address
129 LAS BRISAS CIR.
HYPOLUXI FL 33462



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
126 NE 1st St.

Suite, Apt. #, etc.
126 NE 1st St

City & State
DELRAY BCH, FL

City & State
DELRAY BCH, FL

Zip
33444

Zip
33444

Country
USA

Country
USA

4. FEI Number 65-0995396

Applied For
Not Applicable

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

☒ **CHECK HERE IF MAKING CHANGES**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VACARRO, JANICE
129 LAS BRISAS CIR.
HYPOLUXO FL 33462

OK

Name

Street Address (P.O. Box Number is Not Acceptable)
126 NE 1st St.

City
DELRAY BEACH, FL

Zip
33444

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Janice Vaccaro

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
D ☐ Delete
NAME
VACARRO, JANICE C
STREET ADDRESS
129 LAS BRISAS CIR.
CITY-ST-ZIP
HYPOLUXO FL 33462

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Janice Vaccaro
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/10/03 561-278-3391

CR2E034 (10/02)