

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 15, 2001 8:00 am
Secretary of State

05-16-2001 90366 022 ***150.00

DOCUMENT # P00000081265

1. Entity Name

TROPICAL TREE TRIMMING, INC.

(Handwritten: LA)

Principal Place of Business

2342 SE OSCEOLA ST
 STUART FL 34996

Mailing Address

2342 SE OSCEOLA ST
 STUART FL 34996

2. Principal Place of Business

441 Krueger Pkwy

Suite, Apt. #, etc.

3. Mailing Address

PO Box 452

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Stuart FL

City & State

Palm City FL 34991

4. FEI Number

65-1035478

Applied For

Not Applicable

Zip

34996

Country

Martin

Zip

34991

Country

Martin

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

CASTRO, ROGER T JR
 2342 SE OSCEOLA ST
 STUART FL 34996

7. Name and Address of New Registered Agent

Name: Roger P. Castro
 Street Address (P.O. Box Number is Not Acceptable): 441 Krueger Pkwy
 City: Stuart FL Zip Code: 34996

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

(Handwritten Signature)

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

(NOTE: Registered Agent signature required when reinstating)

4/27/01

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, 2001 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
 NAME: CASTRO, ROGER T JR
 STREET ADDRESS: 2342 SE OSCEOLA ST
 CITY-ST-ZIP: STUART FL 34996 ☒ Delete

TITLE: ☐ Delete
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☒ Change ☐ Addition
 NAME: Roger P. Castro
 STREET ADDRESS: 441 Krueger Pkwy
 CITY-ST-ZIP: Stuart, FL 34996

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

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

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 like empowered.

SIGNATURE:

(Handwritten Signature)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/01

Date

(561) 217-8889

Daytime Phone #

CR2E034 (10/00)