2002 UNIFORM BUSINESS REPORT (UBR) 10f2 P00000081265 DOCUMENT # 1. Entity Name FILED TROPICAL TREE TRIMMING, INC. SECRETARY OF STATE Mailing Address 03 JAN 17 PM 2: 56 Principal Place of Business 441 KRUEGER PKWY P.O. BOX 457 PALM CITY FL 34991 STUART FL 34996 2. Principal Place of Business 3. Mailing Address
Po Box 457 KRuear DO NOT WRITE IN THIS SPACE Suite, Apt, #, etc. Suite, Apt. #, etc. Applied For ity & State 4. FEI Number 65-1035478 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired MACTION MANT Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CASTRO, ROGER T JR 441 KRUEGER PKWY STUART FL 34996 ċ 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 EN 15 STEN. CO. 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. Trust Fund Contribution. (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS (ASTRO JC **Delete** TATLE TITLE CASTRO, ROGER T JR NAME NAME 441 KRUEGER PKWY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP STUART FL 34998 City-St-ZIP Detete 🔲 Till E TITLE ☐ Change ☐ Addition 500010197315 U1/17/U3--U1U75--Ŭ16 **150.00 STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Defete TITLE TITLE 500010197315 01/17/03-01075-017 *150.00 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF-Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-7IP Delete Chappe ☐ Adoition TITEF NAME STREET AUDRESS STREET ADDRESS CHY-ST-ZIP CHY-S1-7(P TITLE Desete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C11Y - S1 - 2(F 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, if 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 of changed, or on an attachment with an address, with all other like empoy SIGNATURE: Kon Daytime Phone #

☐ Addition



Tropical Tree Trimming Inc. 441 Krueger Pkwy. Stuart FL 34996

January 15, 2003

Division of Corporations PO Box 6327 Tallahassee FI. 32314

Dear Sir or Madam:

On April 14-2002, is sent my-uniform business report and a check for \$150:00 My accountant recently informed me that my Corporation is listed as dissolved or inactive. Upon checking my bank statements, the check that I sent has not been cleared. Enclosed is a copy of the original UBF and two checks for \$150.00 each, 1 for last year (2002) and 1 for this year (2003). I spoke with one of your representatives this morning that had advised me to take this action. If there is any problem please feel free to contact me at 772-219-8889

Sincerely,

Roger P. Castro Jr.

President