

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

04-28-2002 90614 001 ***600.00

DOCUMENT # P01000Q03447

1. Entity Name

GREEN MACHINE CONSTRUCTION CORP.

Principal Place of Business

**200 MACFARLANE DRIVE #405
 DELRAY BEACH FL 33483**

Mailing Address

**200 MACFARLANE DRIVE #405
 DELRAY BEACH FL 33483**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**FOX, JUNE ANN
 200 MACFARLANE DRIVE #405
 DELRAY BEACH FL 33483**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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 NAME STREET ADDRESS CITY-ST-ZIP	D JUNE-ANN FOX <input type="checkbox"/> Delete 200 MACFARLANE DR #405 DeLray Beach, FL 33483
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-16-02

Date

Daytime Phone #

CR2E034 (9/01)

Attachment #1

30299

PO100003447

Form **SS-4****Application for Employer Identification Number**(Rev. February 1998)
Department of the Treasury
Internal Revenue Service(For use by employers, corporations, partnerships, trusts, estates, churches,
government agencies, certain individuals, and others. See instructions.)

EIN

OMB No. 1545-0003

▶ Keep a copy for your records.

Please type or print clearly.	1 Name of applicant (legal name) (see instructions) GREEN MACHINE CONSTRUCTION CORP.	
	2 Trade name of business (if different from name on line 1)	3 Executor, trustee, "care of" name
	4a Mailing address (street address) (room, apt., or suite no.) 200 MACFARLANE DR. #405	5a Business address (if different from address on lines 4a and 4b)
	4b City, state, and ZIP code DELRAY BEACH FL 33483	5b City, state, and ZIP code
	6 County and state where principal business is located PALM BEACH COUNTY, FLORIDA	
	7 Name of principal officer, general partner, grantor, owner, or trustee—SSN or ITIN may be required (see instructions) ▶ JUNE ANN FOX 288-46-0406	
	8a Type of entity (Check only one box.) (see instructions) Caution: If applicant is a limited liability company, see the instructions for line 8a.	

- | | |
|---|---|
| <input type="checkbox"/> Sole proprietor (SSN) | <input type="checkbox"/> Estate (SSN of decedent) |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Plan administrator (SSN) |
| <input type="checkbox"/> REMIC | <input checked="" type="checkbox"/> Other corporation (specify) ▶ BUILDING |
| <input type="checkbox"/> State/local government | <input type="checkbox"/> Trust |
| <input type="checkbox"/> Church or church-controlled organization | <input type="checkbox"/> Federal government/military |
| <input type="checkbox"/> Other nonprofit organization (specify) ▶ | (enter GEN if applicable) |
| <input type="checkbox"/> Other (specify) ▶ | |

8b If a corporation, name the state or foreign country (if applicable) where incorporated

State	Foreign country
FLORIDA	

- 9 Reason for applying (Check only one box.) (see instructions)
- | | |
|---|--|
| <input checked="" type="checkbox"/> Started new business (specify type) ▶ BUILDING | <input type="checkbox"/> Banking purpose (specify purpose) ▶ |
| <input type="checkbox"/> Hired employees (Check the box and see line 12.) | <input type="checkbox"/> Changed type of organization (specify new type) ▶ |
| <input type="checkbox"/> Created a pension plan (specify type) ▶ | <input type="checkbox"/> Purchased going business |
| | <input type="checkbox"/> Created a trust (specify type) ▶ |
| | <input type="checkbox"/> Other (specify) ▶ |

10 Date business started or acquired (month, day, year) (see instructions)
EXPECTED AUG 1, 2002

11 Closing month of accounting year (see instructions)
DECEMBER

12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) ▶ **NONE**

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (see instructions)

Nonagricultural	Agricultural	Household
-0-	-0-	-0-

14 Principal activity (see instructions) ▶ **CONSTRUCTION MANAGEMENT**

15 Is the principal business activity manufacturing? ☐ Yes ☐ No
If "Yes," principal product and raw material used ▶

16 To whom are most of the products or services sold? Please check one box.

<input checked="" type="checkbox"/> Public (retail)	<input type="checkbox"/> Other (specify) ▶	<input type="checkbox"/> Business (wholesale)	<input type="checkbox"/> N/A
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17a Has the applicant ever applied for an employer identification number for this or any other business? ☒ Yes ☐ No
Note: If "Yes," please complete lines 17b and 17c.

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.
Legal name ▶ **TROPIC KEY CORP. NON PROFIT** Trade name ▶

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.
Approximate date when filed (mo., day, year) City and state where filed

SAME 5/15/02

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Business telephone number (include area code)
561 276 8226

Fax telephone number (include area code)
561 276 4657

Name and title (Please type or print clearly.) ▶ **JUNE ANN FOX**

Signature ▶ **June Ann Fox** Date ▶ **05/15/02**

Note: Do not write below this line. For official use only.

Please leave

Geo.	Ind.	Class	Size	Reason for applying
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