

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 17, 2002 8:00 am**  
**Secretary of State**

05-17-2002 90035 014 \*\*\*150.00

DOCUMENT # P01000013823

1. Entity Name

Tropical Dreams Landscaping, Inc.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

7706 CR 109D

Suite, Apt. #, etc.

3. Mailing Address

7706 CR 109D

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Lady Lake, FL

City & State

Lady Lake, FL

4. FEI Number

59-3707516

Applied For

Not Applicable

Zip

32159

Country

USA

Zip

32159

Country

USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Jay M. Bitzer

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

7706 CR 109D

City

Lady Lake

FL

Zip Code

32159

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 Jay M. Bitzer

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

(NOTE: Registered Agent signature required when reinstating)

04/30/02

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☒

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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  
Director  
Jay M. Bitzer  
7706 CR 109D  
Lady Lake, FL 32159

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
Director  
Joedy D. Carter  
12416 SE 60th Avenue  
Bellevue, FL 34420

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
Director  
Lisa Carter  
12416 SE 60th Avenue  
Bellevue, FL 34420

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
Director  
Myra Bitzer  
7706 CR 109D  
Lady Lake, FL 32159

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Jay M. Bitzer (President)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/30/02

Date

(352) 267-7818

Daytime Phone #

CR2E034B (12/01)