

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

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

05-28-2002 91746 013 ***150.00

DOCUMENT # **P010000043407**

1. Entity Name
TROPICAL LANDSCAPE CONCEPTS, INC. ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
465 S. FIG TREE LN

3. Mailing Address
P.O. BOX 292553

4. Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
PLANTATION, FL. DAVIDE, FL.

4. FEI Number
65-1151120

Applied For
Not Applicable

Zip
33317

Country
BROWARD

Zip
33329

Country
USA

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

7. Name and Address of Current Registered Agent

Name
JEFFREY P. DORIAN

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

465 S. FIG TREE LN

City
PLANTATION

FL

Zip Code
33317

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IN THIS SPACE**

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 **Jeffrey P. Dorian**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-25-02

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. ☐ **NO \$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PRESIDENT
JEFFREY P. DORIAN
465 S. FIG TREE LN.
PLANTATION, FL 33317**

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CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Jeffrey P. Dorian**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/02
Date

954-583-7344
Daytime Phone #

CR2E034B (12/01)