

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000086822

1. Entity Name

TROPICAL ISLANDS NURSERY & LANDSCAPING, INC.

FILED
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90002 035 ***150.00

Principal Place of Business

560 PLUMOSA DR
MERRITT ISLAND FL 32952
US

Mailing Address

1440 NEWFOUND HARBOR DR
MERRITT ISLAND FL 32952-2853
US

2. Principal Place of Business

560 Plumosa

3. Mailing Address

1440 Newfound Harbor

Suite, Apt. #, etc.

none

Suite, Apt. #, etc.

none

City & State

ME FL

City & State

ME FL

4. FEI Number

59-3241869

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

REALINO, JOHN F.
1440 NEWFOUND HARBOR DR
MERRITT ISLAND FL 32952

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **REALINO, JOHN F**
STREET ADDRESS **560 PLUMOSA AVE.**
CITY-ST-ZIP **MERRITT ISLAND FL 32952**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/2000

Date

407-452-2755

Daytime Phone #

CR2E034 (9/99)