

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2003 8:00 am
Secretary of State

04-29-2003 90066 033 ***150.00

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DOCUMENT # P93000086822

1. Entity Name

TROPICAL ISLANDS NURSERY & LANDSCAPING, INC.



Principal Place of Business

**560 PLUMOSO DR
MERRITT ISLAND FL 32952
US**

Mailing Address

**1440 NEWFOUND HARBOR DR
MERRITT ISLAND FL 32952
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

merritt island fl

Suite, Apt. #, etc.

City & State

merritt island fl

Zip

32952

Country

USA

Zip

32952

Country

USA

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

REALINO, JOHN F.

**1440 NEWFOUND HARBOR DR
MERRITT ISLAND FL 32952**

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. I am familiar with, and accept, the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. 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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

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

4/20/03
Date

321-452-2755
Daytime Phone #

CR2E034 (10/02)