

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P97000079580 1. Entity Name TROPIC GREEN LAWN CARE INC		
Principal Place of Business 6013 TRIPHAMMER RD. LAKE WORTH, FL 33463		Mailing Address 6013 TRIPHAMMER RD. LAKE WORTH, FL 33463
2. Principal Place of Business 8425 Sunup Trail		3. Mailing Address 8425 Sunup Trail
City & State Boynton Beach		City & State Boynton Beach
4. FEI Number 65-0788119		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent ANDREWS, RANDY 6013 TRIPHAMMER RD. LAKE WORTH, FL 33463
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 _____ DATE _____ <small>(Signature, typed or printed name of registered agent and UBR if applicable. (NOTE: Registered Agent's name required when changing.)</small>		
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		10. OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P ANDREWS, RANDY W. 6013 TRIPHAMMER ROAD LAKE WORTH, FL 33463	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VP ANDREWS, CHERYL L. 6013 TRIPHAMMER ROAD LAKE WORTH, FL 33463	TITLE NAME STREET ADDRESS CITY-STATE-ZIP
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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 the empowered.		
SIGNATURE: <i>(Signature)</i>		Date: 4/22/03 561-375-9300

CR20034 (10/02)

ATTACHMENT

70050874
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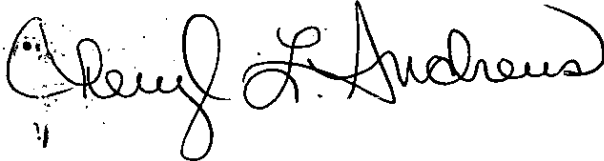
Tropic Green Lawn Care Inc.
FEI # 65-0786119
Document # P97000079580

Please be advised of our change in address. All other
information remains the same.

New Address:

8425 Sunup Trail
Boynton Beach Fl 33436
561-375-9300

Palm Beach County

A handwritten signature in cursive script that reads "Cheryl L. Andrews". The signature is written in black ink and is positioned below the printed name "Cheryl L. Andrews".