

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000098864

1. Entity Name

TROPIC LIGHT LANDSCAPE ILLUMINATION, INC.

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90111 007 ***150.00

Principal Place of Business	Mailing Address
1009 WINDSOR LANE KEY WEST FL 33040	1009 WINDSOR LANE KEY WEST FL 33040-3269

2. Principal Place of Business 196 LAUREL LANE	3. Mailing Address 196 LAUREL LANE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Ponte Vedra Beach FL	City & State Ponte Vedra Beach FL
Zip 32082	Zip 32082
Country ST. Johns	Country ST. Johns



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0878792	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 DELAURIER, EDWARD 1009 WINDSOR LANE KEY WEST FL 33040	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 196 LAUREL LANE City Ponte Vedra Beach FL Zip Code 32082
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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 Edward Delaurier Pres. 5/20/00
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. <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DELAURIER, EDWARD 1009 WINDSOR LANE KEY WEST FL 33040 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 196 LAUREL LANE Ponte Vedra Beach FL 32082
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NOTTINGHAM, LINDA S 1009 WINDSOR LANE KEY WEST FL 33040 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 196 LAUREL LANE Ponte Vedra Beach FL 32082
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Edward Delaurier EDUARDO DELAURIER Pres 4/20/00 904.273.2230
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)