NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2004 8:00 am
Secretary of State
01-22-2004 90008 001 ***150.00

DOCUMENT # P99000057984

1. Entity Name
Tropic Star Landscaping Inc

44003560

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4551 NW 15 St	4551 NW 15 St
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ft Lauderdale	City & State: Ft Lauderdale FL
Zip: 33309 Country	Zip: 33309 Country

4. FEI Number: 65-0941260 — Applied For ☐ Not Applicable ☐

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

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7. Name and Address of Current Registered Agent

Name: Nicholas P. Marchand
Street Address (P.O. Box Number is Not Acceptable): 4551 NW 15 St
City: Ft Lauderdale FL Zip Code: 33309

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: (X) Nicholas P. Marchand
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25 Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees.

Make Check Payable to: Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	Pres / VP
NAME	Nicholas Marchand
STREET ADDRESS	4551 NW 15 St
CITY-ST-ZIP	Ft Laud FL 33309
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E037B (12/02)

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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: (X) Nicholas P. Marchand
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #