

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

FILED
Feb 26, 2003 8:00 am
Secretary of State

02-26-2003 90161 042 ***150.00

DOCUMENT # *P99000057984*

1. Entity Name

Tropic Star Landscaping Inc



00041158

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4551 NW 15 St

3. Mailing Address

4551 NW 15 St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Ft Lauderdale

City & State

Ft Lauderdale FL

4. FEE Number

65-0941265

Applied For

Not Applicable

Zip

33309

Country

Zip

33309

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fees Required

7. Name and Address of Current Registered Agent

Name

Nicholas 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

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	<i>P.T.I.-VP</i>
NAME	<i>Nicholas Marchand</i>
STREET ADDRESS	<i>4551 NW 15 St</i>
CITY-ST-ZIP	<i>Ft Lauderdale FL 33309</i>
TITLE	
NAME	
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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

Nicholas P. Marchand

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037B (12/02)