

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90231 049 ***150.00

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

DOCUMENT # P0100063418			
1. Entity Name TANKS N TROPICALS, INC.			
Principal Place of Business 4075 PINERIDGE RD EXT # 3 # 3 NAPLES, FL 34119		Mailing Address 4075 PINERIDGE RD EXT # 3 # 3 NAPLES, FL 34119	
2. Principal Place of Business <i>4075 PINE RIDGE RD #3</i>		3. Mailing Address	
State, Apt. #, etc.		State, Apt. #, etc.	
City & State <i>NAPLES FL</i>		City & State	
Zip <i>34119</i>		Country <i>Collier</i>	
4. FEI Number 65-1121449		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCHLOSS, ALICIA T 4221 19TH PLACE SW NAPLES, FL 34116		7. Name and Address of New Registered Agent	
Name		Street Address (P.O. Box Number is Not Acceptable)	
City		Zip Code	
FL			
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, title or printed name of registered agent and title applicable. (NOTE: Registered Agent's signature required when registering.)</small>			
9. Election Campaign Financing Trust Fund Contribution.		<input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHLOSS, ALICIA	NAME	
STREET ADDRESS	4221 19TH PLACE SW	STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 34116	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHOLOSS, MIKE	NAME	
STREET ADDRESS	4221 19TH PLACE SW	STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 34116	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 007, 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 employees.			
SIGNATURE: <i>[Signature]</i>		<i>4/28/03 29-304-0109</i> <small>DATE</small>	
<small>SIGNATURE AND TITLE OF PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR</small>		<small>DATE</small>	

11035000



CHECK HERE IF MAKING CHANGES

CR20034 (1/02)