2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 29, 2000 8:00 am
Secretary of State
02-29-2000 90140 034 ***150.00

DOCUMENT # P99000082293

Entity Name

AMYLESS, INC.

Principal Place of Business	Mailing Address
GULF BLVD. PETERSBURG BEACH FL 33706	5501 GULF BLVD. ST. PETERSBURG BEACH FL 33706-2356

TROPIC ALS

Principal Place of Business	3. Mailing Address
5501 Gulf Blvd Suite, Apt. #, etc. # 108	5501 Gulf Blvd Suite, Apt. #, etc. # 108
City & State: St Pete Bch FL	City & State: St Pete Bch FL
Zip: 33706 Country: Pinellas	Zip: 33706 Country: Pinellas

[redacted]

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-2320402 — ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LOUGHRY, AMY
5501 GULF BLVD.
ST. PETERSBURG BEACH FL 33706

7. Name and Address of New Registered Agent

Name: Amy Loughery (home address)

Street Address (P.O. Box Number is Not Acceptable): 102 19th Ave

City: St Pete Bch FL ? — FL — Zip Code: 33706

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'm not changing anything

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

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

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. ☐ **$5.00** May Be Added to Fees

OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
Amy Loughery ☐ Delete 102 19th ave 727-360- St Pete Bch FL 33706 5123 pres.	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
W.R. Houghton 727- ☐ Delete 401 8th Ave N 866-1786 Tierra Verde FL 33715 Sec	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
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CR2E034 (9/99)

I 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: [signature] Amy Loughery 2/15/2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #