

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90175 012 ***150.00

DOCUMENT # 361028

1. Entity Name
TROPIC RACK EQUIPMENT COMPANY



Principal Place of Business
**4600 E 11TH AVE
HIALEAH FL 33013**

Mailing Address
**4600 E 11TH AVE
HIALEAH FL 33013**

2. Principal Place of Business
SAA

3. Mailing Address
SAA

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
SAA

City & State
SAA

Zip Country

Zip Country

4. FEI Number
59-1297914

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ABBOTT, ELIZABETH W
3703 N E 166TH STREET
N MIAMI BEACH FL**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	ABBOTT, GEORGE	
STREET ADDRESS	3703 N E 166 ST	
CITY-ST-ZIP	N MIAMI BCH, FL 00000	
TITLE	S	<input type="checkbox"/> Delete
NAME	DAVIS, LILLIAN	
STREET ADDRESS	10330 SW 55TH ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	ABBOTT, ELIZABETH W	
STREET ADDRESS	3703 N E 166 ST	
CITY-ST-ZIP	N MIAMI BCH, FL 00000	
TITLE	V	<input type="checkbox"/> Delete
NAME	ATKINSON, GARY L	
STREET ADDRESS	98 WEST 7 STREET APT #8	
CITY-ST-ZIP	HIALEAH FL 33013	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 607, 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 empowered.

SIGNATURE:

Elizabeth W Abbott
ELIZABETH W ABBOTT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)