2001 UNIFORM BUSINESS REPORT (UBR).

Jun 15, 2001 8:00 am Secretary of State **DOCUMENT # 573746** 06-15-2001 90616 039 ***150.00 TROPICAL SEAS ENTERPRISES, INC. Principal Place of Business Mailing Address 37 ACACIA CT N PO BOX 1595 A0073309 LAKE PLACID FL 33852 LAKE PLACID FL 33852 2 Principal Place of Business 3. Mailing Address Suite, Apl. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1921234 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent COPE, DALE Street Address (P.O. Box Number is Not Acceptable) 37 ACACIA CT N LAKE PLACID FL 33852 City 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 SIGNATURE Signature, typied or printed nome of registered agent and title if applicable (NOTE: Registorou Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11,-OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **PSTD** TITLE ☐ Delete TITLE CR2E034 (10/00) ☐ Change ☐ Addition MAME COPE, DALE NAME STREET ADDRESS 37 ACACIA CT N STREET ADDRESS CITY-ST-217 LAKE PLACID FL 33852 CITY-ST-ZIP TITLE ☐ Delete _____ Addition TITLE □ Change COPE, NOLEN NAME NAME STREET ADDRESS 37 ACACIA CT N STREET ADDRESS CITY-ST-ZIP LAKE PLACID FL 33852 CITY-ST-ZIP TITLE Detete ☐ Change ☐ Addition NAME NEME STREET ADDRESS STREET ADDRESS CITY-ST-24P CITY-ST-ZIP DITLE Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET AUDRESS CITY-ST-712 CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CUTY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Acdition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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.

DALE COPE



AHachment A0613369

FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

May 21, 2001

TROPICAL SEAS ENTERPRISES, INC. PO BOX 1595 LAKE PLACID, FL 33852 US

Subject: TROPICAL SEAS ENTERPRISES, INC.

Reference \\Number:

573746

Please be advised, we have received your annual report/uniform business report; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please sign and return your check submitted with the annual report/uniform business report.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/rr ANNUAL REPORTS SECTION