

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 611228

1. Entity Name

TROPIC ART DESIGNS, INC.

Principal Place of Business

8256 EXCHANGE DR SUITE 228
ORLANDO FL 32809

Mailing Address

8256 EXCHANGE DR SUITE 228
ORLANDO FL 32809-7678

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1980687

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

HOLEHOUSE, JIM G.
10122 MASON DIXON CIR.
5401 W. OAK RIDGE RD. BOX 45
ORLANDO FL 32819

Name

HOLEHOUSE, JIM G.

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

110035 SAND HILL RD.

City

WINTERGARDEN

FL

Zip Code

34787

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 JIM G. HOLEHOUSE

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

9. 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**

11. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	HOLEHOUSE, JIM G.	
STREET ADDRESS	10122 MASON DIXON CIR.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	HOLEHOUSE, JOHN G.	
STREET ADDRESS	10122 MASON DIXON CIR.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	HOLEHOUSE, TOM G.	
STREET ADDRESS	10122 MASON DIXON CIR.	
CITY-ST-ZIP	ORLANDO FL	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JIM G. HOLEHOUSE	
STREET ADDRESS	16035 SANDHILL RD	
CITY-ST-ZIP	WINTER GARDEN, FL 34787	
TITLE	V/T/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN G. HOLEHOUSE	
STREET ADDRESS	241 ALSTON DRIVE	
CITY-ST-ZIP	ORLANDO, FL 32835	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: JIM G. HOLEHOUSE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4.19.00

Daytime Phone #

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90034 013 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)