

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 637024

1. Entity Name
TROPICAL BALLOONS, INC.

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90330 038 ***150.00

Principal Place of Business

Mailing Address

7000 MILLER RD
MIAMI FL 33155
US

7000 MILLER RD
MIAMI FL 33155
US

(CHANGE)

2. Principal Place of Business

3. Mailing Address

2324 WILLIAMS RD

2324 WILLIAMS RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TALLAHASSEE, FL

City & State

TALLAHASSEE, FL

Zip
32311

Country
USA

Zip
32311

Country
USA

4. FEI Number **59-1933017**

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

MEARES, THOMAS H
7000 MILLER ROAD
MIAMI FL 33155

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.

SIGNATURE

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **MEARES, THOMAS H**
STREET ADDRESS **7000 MILLER RD**
CITY-ST-ZIP **MIAMI FL** **ADDRESS CHANGE**

TITLE **PD** ☒ Change ☐ Addition
NAME **MEARES, THOMAS H.**
STREET ADDRESS **2324 WILLIAMS RD**
CITY-ST-ZIP **TALLAHASSEE, FL 32311**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/01 850 219 1751

Date

Daytime Phone #

CR2E034 (10/00)