

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 23, 2000 8:00 am**  
**Secretary of State**

03-23-2000 90012 004 \*\*\*150.00

**DOCUMENT # G43520**

1. Entity Name

**TROPICAL ENTERPRISES AND BROKERS, INC.**

Principal Place of Business

**4175 EAST BAY DR. STE 104  
 CLEARWATER FL 34624**

Mailing Address

**4175 EAST BAY DR. STE 104  
 CLEARWATER FL 33764-6961**

2. Principal Place of Business

**4796 49th Ave. N.**

3. Mailing Address

**P.O. Box 60516**

Suite, Apt. #, etc.

**St. Petersburg**

Suite, Apt. #, etc.

**St. Petersburg**

City & State

**FL**

City & State

**St. Petersburg FL**

4. FEI Number

**59-2301149**

Applied For

Not Applicable

Zip

**33714**

Country

Zip

**33784**

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**MUELLER, KENNETH R.  
 4175 EAST BAY DR. STE 104  
 CLEARWATER FL 34624**

7. Name and Address of New Registered Agent

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, 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PTD MUELLER, KENNETH R. 507 LOOKOUT COURT LARGO FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MUELLER, WALT 6579 PEARL RD. PARMA HTS. OH</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP WILEY DEBRA 4796 49TH AVE. NORTH ST. PETERSBURG FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD WILEY, DEBRA 4796 49TH AVE. NORTH ST. PETERSBURG FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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:**

**Debra Wiley VP**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-17-00**

Date

**727-522-6467**

Daytime Phone #

CR2E034 (9/99)