

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **G43520**

1. Entity Name

TROPICAL ENTERPRISES AND BROKERS, INC.

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90144 007 ***150.00

Principal Place of Business

**4796 49TH AVE N
SAINT PETERSBURG FL 33714**

Mailing Address

**PO BOX 60516
ST PETERSBURG FL 33784**

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

59-2301149

Applied For

Not Applicable

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

Kenneth mueller

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

4796-49th Ave. No.

City

St. Petersburg

FL

Zip Code
33714

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

Debra Wiley

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

Kenneth Mueller

(Typed Registered Agent signature required when reinstating)

4-15-02

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, 2002 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	PTD	<input type="checkbox"/> Delete
NAME	MUELLER, KENNETH R.	
STREET ADDRESS	507 LOOKOUT COURT	
CITY-ST-ZIP	LARGO FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MUELLER, WALT	
STREET ADDRESS	6579 PEARL RD.	
CITY-ST-ZIP	PARMA HTS. OH	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WILEY DEBRA	
STREET ADDRESS	4796 49TH AVE. NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WILEY, DEBRA	
STREET ADDRESS	4796 49TH AVE. NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL	
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	<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	
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:

Debra Wiley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-02

Date

727-522-6469

Daytime Phone #

CR2E034 (9/01)