

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Feb 26, 2001 8:00 am  
Secretary of State**

02-26-2001 90521 012 \*\*\*150.00

**DOCUMENT # G69044****1. Entity Name  
TROPICAL CHEMICAL CORPORATION****Principal Place of Business****Mailing Address****104 SAND PINE DR  
JUPITER FL 33477  
US****4300 SOUTH U.S. HWY #1  
SUITE 203-340  
JUPITER FL 33477****2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

**4. FEI Number 59-2332725**

Applied For

Not Applicable

Zip

Country

Zip

Country

**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****HYMAN, JERRY A.  
104 SAND PINE DR.  
JUPITER FL 33458**

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**  
**NAME HYMAN, JERRY A.**  
**STREET ADDRESS 104 SAND PINE DR.**  
**CITY-ST-ZIP JUPITER FL** ☐ Delete**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE V**  
**NAME HYMAN, JOAN S**  
**STREET ADDRESS 104 SAND PINE DR**  
**CITY-ST-ZIP JUPITER FL** ☐ Delete**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Change ☐ Addition  
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**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

**Jerry A. Hyman President**

Date

Daytime Phone #

**02/18/01 561 744-4555**

CR2E034 (10/00)