

FILED
May 25, 2001 8:00 am
Secretary of State

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05-25-2001 90299 001 ***150.00
05-25-2001 90299 002 *****8.75
05-25-2001 90299 003 ***400.00
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73705



DO NOT WRITE IN THIS SPACE

DOCUMENT # J86027

1. Entity Name
TROPIC VENDING, INC.

Principal Place of Business
2651 NW 55TH CT.
FT. LAUDERDALE FL 33309
US

Mailing Address
2651 NW 55TH COURT
FT. LAUDERDALE FL 33309
US

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
ZipCountry

3. Mailing Address
Suite, Apt. #, etc.
City & State
ZipCountry

4. FEI Number 65-0003853
Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MCCARTY, DAVE
21582 TOWN PLACE DRIVE
BOCA RATON FL 33433

7. Name and Address of New Registered Agent
Name DAVID McCARTY
Street Address (P.O. Box Number is Not Acceptable)
2535 Golf View Drive
City Weston FL Zip Code 33327

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] DATE 5-21-2001

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
TITLE PVP
NAME MCCARTY, DAVE
STREET ADDRESS 21582 TOWN PLACE DRIVE
CITY-ST-ZIP BOCA RATON FL 33433
[Delete]
[Empty Row]
[Empty Row]
[Empty Row]
[Empty Row]

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
[Change] [Addition]
TITLE
NAME
STREET ADDRESS 2535 Golf View Drive
CITY-ST-ZIP Weston Florida 33327
[Change] [Addition]
[Empty Row]
[Empty Row]
[Empty Row]
[Empty Row]

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] DATE 5-21-2001 DAYTIME PHONE 954-4854200