

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 12, 2003 8:00 am**  
**Secretary of State**

03-12-2003 90090 046 \*\*\*211.25

DOCUMENT # K 76030

1. Entity Name  
*TROPICAL GARDENS FISH FARM, INC.*



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
*15160 McGRADY RD*

3. Mailing Address  
*P.O. Box 526*

Suite, Apt. #, etc.  
*N/A*

Suite, Apt. #, etc.  
*N/A*

City & State  
*BALM FL.*

City & State  
*BALM FL.*

4. FEI Number  
*59-2940461*

Applied For  
Not Applicable

Zip Country  
*33503 U.S.A.*

Zip Country  
*33503 USA*

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

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name *John H. Schultz Sr.*

Street Address (P.O. Box Number is Not Acceptable)  
*15160 McGRADY RD*

City *BALM* FL Zip Code *33503*

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *John H. Schultz Sr.* *John H. Schultz Sr. CEO-P* *MAR 8, 2003*  
Signature, typed or printed name of registered agent and date, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>CEO &amp; PRES. JOHN H SCHULTZ SR. 15160 McGRADY RD BALM FL. 33503</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>V-PRES LANCE BENSON 15160 McGRADY RD BALM FL 33503</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>SECY KIMBERLY WATTS 15160 McGRADY RD BALM, FL. 33503</i>
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12. 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 10 or on an attachment with an address, with all other like empowerments.

SIGNATURE: *John H. Schultz Sr.* *John H. Schultz Sr.* *813-634-2168*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)