2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K87633

1. Entity Name

SIGNATURE:

TROPICAL DESIGNS OF THE PALM BEACHES, INC.



FILED Apr 09, 2003 8:00 am Secretary of State

04-09-2003 90153 006 ***150.00

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Syne, Apt # etc. Suite Sui	3827 W. ATLA DELRAY BCH.	NTIC AVE.	931 N	931 NE 23 TERRACE								
City & State	2. Principal P	lace of Busine	3. Mail	3. Mailing Address				<u> </u>	 	IIIII BIBII IBBI		
Country Zip Country Zip Country S. Certificate of Status Decirced Sta. 75. Additional Face Required Status Decirced Stat	Suite, Apt.	#, etc.	Suite	Suite, Apt. #, etc.				· □ CHECK HERE IF MAKING CHANGES				
S. Name and Address of Current Registered Agent HILL, D. DOUGLAS 440 E. SAMPLE ROAD POMPANO BEACH FL E. The above ramed entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fooriab. I am familiar with, and accept the chilippicnes of registered agent, or both, in the State of Fooriab. I am familiar with, and accept the chilippicnes of registered agent. SIGNATURE Signava, hipsed or prince ramed entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fooriab. I am familiar with, and accept the chilippicnes or fregistered agent, or both, in the State of Fooriab. I am familiar with, and accept the children or registered agent, or both, in the State of Fooriab. I am familiar with, and accept the children or registered agent, or both, in the State of Fooriab. I am familiar with, and accept the children or registered agent, or both, in the State of Fooriab. I am familiar with, and accept the children or registered agent, or both, in the State of Fooriab. I am familiar with, and accept the children or registered agent, or both, in the State of Fooriab. I am familiar with, and accept the children or registered agent, or both, in the State of Fooriab. I am familiar with, and accept the children or registered agent, or both, in the State of Fooriab. I am familiar with, and accept the children or registered agent, or both, in the State of Fooriab. I am familiar with, and accept the children or registered agent, or both, in the State of Fooriab. I am familiar with, and accept the children or registered agent, or both, in the State of Fooriab. I am familiar with, and accept the children or registered agent, or both, in the State of Fooriab. I am familiar with, and accept the children or registered agent, or both, in the State of Fooriab. I am familiar with, and accept the children or registered agent, or both, in the State of Fooriab. I am familiar with, and accept the children or	City & State	е	City	City & State			4. FEI Number 65-0115440					
HILL, D. DOUGLAS 440 E. SAMPLE ROAD POMPANO BEACH FL City FL 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. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida Delete I III. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PRANCO, JOHN T. STREE ADDRESS OTY-S1-2P OTY-S1-2	Zip Country			Zip	Zip . Coun			5. Certificate of Status Desired		Fee Required		
HILL, D. DOUGLAS 440E. SAMPLE ROAD POMPANO BEACH FL City		6. Name a	nd Address of Curre	nt Registere				7. Name and Address of New Registered Agent]
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POMPANO BEACH FL City FL Zip Code City City FL Zip Code City City FL Zip Code City Ci	•			Street Addre			s (P.O. Box Number is Not Acceptable)				1	
B. 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 colligations of registered agent. City FL Zip Code												1
B. The above named entity submits his 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	POMPANO	BEACH FL							•			
SIGNATURE Signat							City		F	Zip Coo	le	
FILE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10.				for the purp	ose of changing its	registere	ed office or regist	ered ag	ent, or both, in the State of Florida. I a	m familiar with,	and accept	
After May 1, 2003 Fee will be \$550.00 Mays Be Added to Feinda Department of State 10.	SIGNATURE .	Signature, typed or	printed name of registered age	int and title if appl	licable. (NOT	E: Registered	d Agent signature requir	ed when re	pinstating) DATE			
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12. I nereby certify that the information supplied with this filing does by quality 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if shapped or on an attachment with a codd are with a contraction of the corporation of the cor		<u> </u>		du act. co			I	Post!	110 07/3Vi). Cloride Statutos, Lituation	aartifu that tha	information	-
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