

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

05-28-2002 91707 016 \*\*\*150.00

**DOCUMENT # K87636**

**1. Entity Name**  
**TROPIC AIR PRODUCTS INC.**

**Principal Place of Business**

**Mailing Address**

% JACK MULVEY  
 4510 PROSPERITY DR  
 FT PIERCE FL 34981  
 US

% JACK MULVEY  
 4510 PROSPERITY DR  
 FT PIERCE FL 34981  
 US

**2. Principal Place of Business**

**3. Mailing Address**

4505 Prosperity Drive

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**

**City & State**

FT. Pierce, FL

FT. Pierce, FL

**Zip**

**Country**

**Zip**

**Country**

34981

USA

34981

USA

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

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

MULVEY, JACK  
 4510 PROSPERITY DR  
 FT PIERCE FL 34981

**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, 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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>	<b>P</b>	<input checked="" type="checkbox"/> Delete
<b>NAME</b>	MULVEY, JACK	
<b>STREET ADDRESS</b>	4510 PROSPERITY DR	
<b>CITY-ST-ZIP</b>	FT PIERCE FL	
<b>TITLE</b>	<b>VP</b>	<input checked="" type="checkbox"/> Delete
<b>NAME</b>	MULVEY S. PATRICK	
<b>STREET ADDRESS</b>	4510 PROSPERITY DR	
<b>CITY-ST-ZIP</b>	FT PIERCE FL	
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
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<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

<b>TITLE</b>	<b>PRES.</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>NAME</b>	JEREMY MULVEY	
<b>STREET ADDRESS</b>	4505 PROSPERITY DR	
<b>CITY-ST-ZIP</b>	FT. PIERCE FL 34981	
<b>TITLE</b>	<b>VP.</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>NAME</b>	SHANE MULVEY	
<b>STREET ADDRESS</b>	4505 PROSPERITY DR	
<b>CITY-ST-ZIP</b>	FT PIERCE FL 34981	
<b>TITLE</b>	<b>SEC. TREAS.</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	JACK MULVEY	
<b>STREET ADDRESS</b>	4505 PROSPERITY DR	
<b>CITY-ST-ZIP</b>	FT PIERCE FL 34981	
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Signature]*

2/21/02 561.468.6480

Daytime Phone #

CR2E034 (9/01)