FILED
Jun 11, 2003 8:00 am
Secretary of State

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04-28-2003 91875 001 ***661.25

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

55047601

[redacted]

DOCUMENT # N01000003115

1. Entity Name
TROPIC KEY CORP.

Principal Place of Business
200 MACFARLANE DRIVE #405
DELRAY BEACH FL 33483

Mailing Address
200 MACFARLANE DRIVE #405
DELRAY BEACH FL 33483

2. Principal Place of Business
118 Queen Elizabeth Court
Suite, Apt. #, etc.

3. Mailing Address
← SAME
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
No Hutchinson Island

City & State

4. FEI Number
03-0451200

Applied For
Not Applicable

Zip
34949

Country
St. Lucie

Zip

Country

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
FOX, JUNE ANN
[illegible] BEACH FL 33483

7. Name and Address of New Registered Agent
Name
JUNE-ANN FOX
Street Address (P.O. Box Number Is Not Acceptable)
118 Queen Elizabeth Court
City
No Hutchinson Is.
FL
Zip Code
34949

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 June Ann Fox 5/20/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D ☐ Delete	TITLE	D ☒ Change ☐ Addition
NAME	FOX, JUNE ANN	NAME	FOX, JUNE-ANN
STREET ADDRESS	[illegible] MACFARLANE DRIVE #405	STREET ADDRESS	118 QUEEN ELIZABETH COURT
CITY-ST-ZIP	[illegible]	CITY-ST-ZIP	No. HUTCHINSON IS. FL 34949
TITLE	D ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	LIDDY, GEOFFREY D	NAME	
STREET ADDRESS	[illegible] MACFARLANE DRIVE #405	STREET ADDRESS	118 ½ S.E. 7TH AVE
CITY-ST-ZIP	DELRAY BEACH FL 33483	CITY-ST-ZIP	DelRay Beach, Fl 33483
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MARTIN, JAMES T	NAME	
STREET ADDRESS	929 BANYAN DRIVE	STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL 33483	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2EO37 (10/02)

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ~~SIGNATURE REQUIRED~~ June Ann Fox ~~4-11-03~~ 5/20/03 772-595-6069 ~~561-276-8336~~
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

June Ann Fox 6-9-03