

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

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90165 025 ****61.25

DOCUMENT # N98000004406

1. Entity Name

TROPICAL CATS, INC.



Principal Place of Business

**320 E. BERESFORD AVE.
DELAND FL 32724**

Mailing Address

**130 N NOVA RD #135
ORMOND BEACH FL 32174**

2. Principal Place of Business

130 N NOVA RD # 135

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORMOND BEACH, FL

City & State

Zip

32174

Country

Zip

Country

4. FEI Number **59-3603724**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**HAWK, PATRICIA
320 E. BERESFORD AVE.
DELAND FL 32724**

7. Name and Address of New Registered Agent

Name **TANI SCOTT**
Street Address (P.O. Box Number is Not Acceptable)
130 N NOVA RD # 135
City **ORMOND BEACH** FL Zip Code **32174**

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

[Handwritten Signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/26/03

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 NAME STREET ADDRESS CITY-ST-ZIP	PD TURNER, DOUGLAS 1224 MAJESTIC OAK DR. APOPKA FL 32716	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIALLOMBARDO, CYNTHIA 1721 W. 1ST ST. ORANGE FL 32763	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HAWK, PATRICIA 320 E. BERESFORD AVE. DELAND FL 32724	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SOGGE, PAM 1637 SLASH PINE PL. OVEIDO FL 32765	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SCOTT, TANI 25 AUTUMWOOD DR ORMOND BEACH FL 32174	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TURNER, EMILY 1224 MAJESTIC OAK DR. APOPKA FL 32712	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KEITH MCDANIEL 1732 CLOVER CIRCLE MELBOURNE, FL 32935	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATRICIA HAWK 320 E BERESFORD AVE DELAND, FL 32724	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TANI SCOTT 130 N NOVA RD # 135 ORMOND BEACH, FL 32174	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

1/26/03 3866711581

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)