

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

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90062 036 ***150.00

DOCUMENT #

1. Entity Name

Tropic Designs, Inc.
P0000000 9855

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7453 MELDIN CT
Suite, Apt. #, etc.

3. Mailing Address

7453 MELDIN CT.
Suite, Apt. #, etc.

City & State

NAPLES, FL

City & State

NAPLES, FL

Zip

34104

Country

USA

Zip

34104

Country

USA

4. FEI Number

593619916

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

FLORIDA INCORPORATORS INC

Street Address (P.O. Box Number is Not Acceptable)

1221 BRICKELL AVE STE 900

City

MIAMI

FL

Zip Code
33131

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)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>P</i> <i>ROBERT J. Bio</i> <i>7453 MELDIN CT.</i> <i>NAPLES, FL 34104</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>VP</i> <i>ELIZABETH HALWICK Bio</i> <i>7453 MELDIN CT.</i> <i>NAPLES, FL 34104</i>
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Robert J. Bio
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/02
Date

941/
239-348-2211
Daytime Phone #

CR2E034B (12/01)

7453 NELDIN CT
NAPLES FL 34104

Department of Health • Vital Statistics
STATE OF FLORIDA
MARRIAGE RECORD
TYPE IN UPPER CASE
USE BLACK INK

This license not valid unless seal of Clerk,
Circuit or County Court, appears thereon.

Attachment
Document #
P0000009855
659214

(STATE FILE NUMBER)

*** 2660182 OR: 2696 PG: 1506 ***

RECORDED in OFFICIAL RECORDS of COLLIER COUNTY, FL
07/10/2000 at 02:14PM DWIGHT E. BROCK, CLERK

RRC FEE 6.00

Retn:
ROBERT J BIO
7453-NELDIN-CT
NAPLES FL 34104

00-0787

(APPLICATION NUMBER)

APPLICATION TO MARRY

1. GROOM'S NAME (First, Middle, Last) ROBERT JOHN BIO			2. DATE OF BIRTH (Month, Day, Year) NOVEMBER 26, 1943	
3a. RESIDENCE - CITY, TOWN, OR LOCATION NAPLES		3b. COUNTY COLLIER		3c. STATE FLORIDA
5a. BRIDE'S NAME (First, Middle, Last) ELIZABETH LOUISE HALWICK		5b. MAIDEN SURNAME (if different) BENSON		6. DATE OF BIRTH (Month, Day, Year) AUGUST 30, 1940
7a. RESIDENCE - CITY, TOWN, OR LOCATION NAPLES		7b. COUNTY COLLIER		7c. STATE FLORIDA
				8. BIRTHPLACE (State or Foreign Country) MARYLAND

WE THE APPLICANTS NAMED IN THIS CERTIFICATE, EACH FOR HIMSELF OR HERSELF, STATE THAT THE INFORMATION PROVIDED ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR THE ISSUANCE OF A LICENSE TO AUTHORIZE THE SAME IS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY.

9. SIGNATURE OF GROOM (Sign full name using black ink)

▶ *Robert John Bio*

10. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE)

JUNE 22, 2000

11. TITLE OF OFFICIAL

DEPUTY CLERK OF CIRCUIT COURT

12. SIGNATURE OF OFFICIAL (Use black ink)

▶ *Dolore A. Slab*

13. SIGNATURE OF BRIDE (Sign full name using black ink)

▶ *Elizabeth Louise Halwick*

14. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE)

JUNE 22, 2000

15. TITLE OF OFFICIAL

DEPUTY CLERK OF CIRCUIT COURT

16. SIGNATURE OF OFFICIAL (Use black ink)

▶ *Dolore A. Slab*

LICENSE TO MARRY

AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF FLORIDA AND TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS. THIS LICENSE MUST BE USED ON OR AFTER THE EFFECTIVE DATE AND ON OR BEFORE THE EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID.

17. COUNTY ISSUING LICENSE COLLIER	18. DATE LICENSE ISSUED JUNE 22, 2000	18a. DATE LICENSE EFFECTIVE JUNE 25, 2000	19. EXPIRATION DATE AUGUST 23, 2000
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20a. SIGNATURE OF COURT CLERK OR JUDGE

▶ *Dolore A. Slab*

20b. TITLE

DEPUTY CLERK

20c. BY D.C.

Da

CERTIFICATE OF MARRIAGE

I HEREBY CERTIFY THAT THE ABOVE NAMED GROOM AND BRIDE WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA.

21. DATE OF MARRIAGE (Month, Day, Year) 7-1-00	22. CITY, TOWN, OR LOCATION OF MARRIAGE Naples, FL 34104
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23a. SIGNATURE OF PERSON PERFORMING CEREMONY (Use black ink)

▶ *Bill Freeman*

23c. ADDRESS (Of person performing ceremony)

23b. NAME AND TITLE OF PERSON PERFORMING CEREMONY

Rev. Bill Freeman
Book 2 Page 24

24. SIGNATURE OF WITNESS TO CEREMONY (Use black ink)

▶ *Shirley L. Nelson*

25. SIGNATURE OF WITNESS TO CEREMONY (Use black ink)

▶ *Shirley L. Nelson*

State of FLORIDA
County of COLLIER

I HEREBY CERTIFY THAT this is a true and correct copy of a document recorded in the OFFICIAL RECORDS of Collier County. WITNESS my hand and official seal this date;

July 12 2000
DWIGHT E. BROCK, CLERK OF CIRCUIT COURT
BY: *Patricia LaFollette, c.*