

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90231 009 ***150.00

DOCUMENT # P00000009855

1. Entity Name
TROPIC DESIGNS, INC.



Principal Place of Business
**7453 MELDIN CT
NAPLES FL 34104**

Mailing Address
**7453 MELDIN CT
NAPLES FL 34104**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3619916**

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

7. Name and Address of New Registered Agent

**FLORIDA INCORPORATORS, INC.
1221 BRICKELL AVENUE SUITE 900
MIAMI FL 33131**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **BIO, ROBERT J**
STREET ADDRESS **7453 MELDIN CT**
CITY-ST-ZIP **NAPLES FL 34104**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☐ Delete
NAME **HALWICK, ELIZABETH**
STREET ADDRESS **7453 MELDIN CT**
CITY-ST-ZIP **NAPLES FL 34104**

TITLE ☒ Change ☐ Addition
NAME **ELIZABETH BIO**
STREET ADDRESS **7453 MELDIN CT**
CITY-ST-ZIP **NAPLES, FL. 34104**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 607, 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 OF REGISTERED AGENT
RE ROBERT J. BIO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/03

239-348-2111

CR2E034 (10/02)

7453 MELDIN 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

86108442

P0000000985 (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

REC FEE 6.00

Retn:

ROBERT J BLO

7453 MELDIN CT

NAPLES FL 34104

00-0787

(APPLICATION NUMBER)

APPLICATION TO MARRY

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

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 MARRY AUTHORIZES THE SAME IS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY.

9. SIGNATURE OF GROOM (Sign full name using black ink) <i>Robert John Blo</i>		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) <i>Dolores A. Slab</i>	
13. SIGNATURE OF BRIDE (Sign full name using black ink) <i>Elizabeth Louise Halwick</i>		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) <i>Dolores A. Slab</i>	

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	19. DATE LICENSE EFFECTIVE JUNE 23, 2000	20. EXPIRATION DATE AUGUST 13, 2000
21a. SIGNATURE OF COURT CLERK OR JUDGE <i>Dolores A. Slab</i>		21b. TITLE DEPUTY CLERK	

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	
23a. SIGNATURE OF PERSON PERFORMING CEREMONY (Use black ink) <i>Bill Freeman</i>		23b. ADDRESS (If person performing ceremony) Rev. Bill Freeman	
24. NAME AND TITLE OF PERSON PERFORMING CEREMONY (If not a minister) Rev. Bill Freeman		25. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <i>Mike Nelson</i>	

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: *Fabrica La Follette, c.*