

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000022207

1. Entity Name

TROPICAL BRAINSTORM, INC.

FILED

01 APR 30 AM 11:19

Principal Place of Business

505 PEACHTREE RD.
ORLANDO FL 32804

Mailing Address

505 PEACHTREE RD.
ORLANDO FL 32804

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

505 Peachtree Road

3. Mailing Address

505 Peachtree Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando, Florida

City & State

Orlando, Florida

4. EEL Number

593634857

Applied For

Not Applicable

Zip

32804

Country

USA

Zip

32804

Country

USA

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCMULLEN, JACK K
201 E. PINE ST., STE. 1200
ORLANDO FL 32801

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, 2001 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
DARLEY, HUGH E JR
505 PEACHTREE RD.
ORLANDO FL 32804

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D, P, T, S

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ Addition

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 line empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-01 407-835-9068

Date

Daytime Phone #

CR2E034 (10/00)



"inspiring others to dream"

Pg 2 of 2

April 18, 2001

Division of Corporations
Andy Dunlap
P.O. Box 6327
Tallahassee, FL 32314

Re: Refund

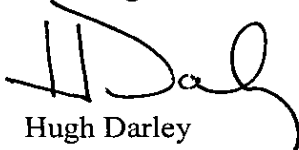
Andy,

Last year your office notified us in May that we had not filed our 2000 Uniform Business Report for International Design and Entertainment Associates. We then paid the \$550.00 on June 22, 2001. In fact we had paid \$150.00 on May 19, 2000 therefore we would like to request that your office apply the overpayment towards this years filings for IDEA \$158.75 #P95000044352, Showquest, Inc \$158.75 #P00000022209, Tropical Brainstorm \$158.75 #P00000022207 for a total of \$476.25 and refund us the balance of ~~\$73.75~~.

12.50

Please call me if you have any questions. I can be reached at 407-835-9068.

Best Regards,



Hugh Darley