

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

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90421 004 \*\*\*150.00

**DOCUMENT #** P00000029253 ✓

**1. Entity Name**

Tropical Restaurant Concepts, Inc

**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**

1508 S Babcock St

Suite, Apt. #, etc.

Melbourne, FL

City & State

32901 US

Zip

Country

**3. Mailing Address**

216 Timpooshee Dr

Suite, Apt. #, etc.

Indian Harbour Bch, FL

City & State

32937 US

Zip

Country

DO NOT WRITE IN THIS SPACE

**4. FEI Number**

S93637550

Applied For

Not Applicable

**5. Certificate of Status Desired** ☐

**\$8.75 Additional  
Fee Required**

**7. Name and Address of Current Registered Agent**

Name

Christopher L Newport

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

216 Timpooshee Dr

City

Indian Harbour Bch

FL

Zip Code

32937

**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** PT  
**NAME** Christopher L Newport  
**STREET ADDRESS** 216 Timpooshee Dr  
**CITY-ST-ZIP** Indian Harbour Bch, FL 32937

**TITLE** VPS  
**NAME** Chana Newport  
**STREET ADDRESS** 216 Timpooshee Dr  
**CITY-ST-ZIP** Indian Harbour Bch, FL 32937

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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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/6/02

321-779-1869

Date

Daytime Phone #

CR2E034B (12/01)