## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

Mailing Address

## P00000064678 **DOCUMENT #**

1. Entity Name

Principal Place of Business

indicated on this report or supple of the corporation or the receive changed, or on an attachment

**SIGNATURE:** 

TROPICAL DESIGN GROUP, INC.



**FILED** Jan 29, 2003 8:00 am Secretary of State 01-29-2003 90180 005 \*\*\*150.00

ired by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

Daytime Phone #

Zip Country Zip Country S. Certificate of Status Desired S8.7.5 Additional For Regulated Agent Status Pointed agent Address of Current Registered Agent	267 AIRPORT ROAD SOUTH NAPLES FL 34104			267 AIRPORT ROAD SOUTH NAPLES FL 34104					1 ( <b>11</b> 4) <b>21</b> 1 (114) <b>11</b> 4) (114)				
City & State  Street Address of Country  Street Address of New Registered Agent  -Name and Address of New Registered Agent -Name	2. Principal F	Place of Busin	3. Mailing Address										
Zip Country Zip Country S. Certificate of Status Desired S8.7.5 Additional Foreign and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name Address (P.O. Box Number is Not Acceptable)  Street	Suite, Apt.	#, etc.		Suite, Apt. #, etc.					☐ CHECK HERE IF MAKING CHANGES				
Country   Country   Country   Country   S. Certificate of Status Desired   S8.75 Additional Foo Required	City & Stat	e	City & State				4.	74-35444 In					
C. Name and Address of Current Registered Agent   7. Name and Address of New Registered Agent	Zip	Country Zip				Country			5. Certificate of Status Desired 38.75 Addition			ditional	
LAWHON, ANTHONY M ESQ.  3431 PINE RIDGE ROAD  SUITE 101  NAPLES FL 34109  City FL Zip Code  6. The jabove 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 accidence the obligations of registered agent and title disspicable.  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  IIILE PDM  KEMPER, JOHN W  STREET ADDRESS  OTY-51-2P  NAPLES FL 34104  TILE  VPD  ALLEN, JAMES D JR.  STREET ADDRESS  OTY-51-2P  TILE  Delete  TILE  NAME  STREET ADDRESS  OTY-51-2P  TILE  MAKE  STREET ADDRESS  OTY-51-2P  TILE  Delete  TILE  NAME  STREET ADDRESS  OTY-51-2P  TILE  MAKE  STREET AD		6. Name	and Address of Current	Registere	ered Agent			7.	<u> </u>				
RAPLES FL 34109  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 active bibligations of registered agent and talle if applicable.  SIGNATURE  FIL'E NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  NAME  KEMPER, JOHN W  STREET ADDRESS  CITY-ST-ZIP  ALEN, JAMES D JR.  STREET ADDRESS  CITY-ST-ZIP  TITLE  AME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  Change Ad  AMME  STREET ADDRESS  CITY-ST-ZIP  TITLE  Change Ad  AMME  STREET ADDRESS  CITY-ST-ZIP  TITLE  CHANGE  STREET ADDRESS  CITY-ST-ZIP  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ADDITIO	LAWHON, ANTHONY M ESQ.												
SIGNATURE    Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent alginature required when reinstating)   Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent alginature required when reinstating)   Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent alginature required when reinstating)   Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent alginature required when reinstating)   Signature, typed or printed name of registered agent and title is instancing   \$5.00 May Added to Fee						City		, —, —, · · · · · · · · · · · · · · · ·	FL	Zip Cod	ie		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE NAME STREET ADDRESS CITY-ST-ZIP	the obligat	lions of regist	ered agent.								amiliar with,	and accept	
TITLE NAME NAME NAME STREET ADDRESS CITY-ST-ZIP NAPLES FL 34104  TITLE NAME STREET ADDRESS CITY-ST-ZIP NAPLES FL 34104  TITLE NAME STREET ADDRESS CITY-ST-ZIP	After Make Check	May 1, 200	3 Fee will be \$550.00 Florida Department of						Trust Fund Contribut	ion. $\square$	Adde	d to Fees	
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TITLE  NAME  NAME  STREET ADDRESS  CITY-ST-ZIP  12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes.	NAME STREET ADDRESS CITY-ST-ZIP	ertify that the	information cumplied with	this filing		NAM STRE CITY	E Et address - St- Zip	Soction	110 07/2\/i\ Elecide Cashire		_	Addition	