

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

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90084 028 ***150.00

DOCUMENT# P00000070187 ✓
1. Entity Name
COMPANY
TROPICAL PAINTING ~~II~~, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1709 N.E. 20 Ave Suite, Apt. #, etc.		3. Mailing Address 701 N.W. 13 th ST. Suite, Apt. #, etc. APT. # C-5	
City & State FT. LAUD., FL.		City & State BOCA RATON FL.	
Zip 33305	Country USA	Zip 33486	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1032308	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name LINDA BEUMER
Street Address (P.O. Box Number is Not Acceptable) 1709 N.E. 20 Ave.
City FT. LAUDERDALE FL
Zip Code 33305

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 Linda Beumer DATE 4/29/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 PSTD CHRISTOPHER BEUMER 701 N.W. 13 th ST. #C-5 BOCA RATON FL. 33486	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP VP/D CHARLOTTE BEUMER 13810 SUTTON PARK DR. #611 JACKSONVILLE FL. 32224	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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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: Christopher Beumer PRESIDENT DATE 4/29/02 501-338-9269
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)