

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90271 026 ***150.00

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DOCUMENT # P00000075307

1. Entity Name

TROPICAL SOLUTIONS, INC.



Principal Place of Business

3763 SW 49TH PLACE
FORT LAUDERDALE FL 33312

Mailing Address

PO BOX 221701
HOLLYWOOD FL 33022-1701

2. Principal Place of Business

103 Yacht Club Way
Suite, Apt. #, etc.
307

3. Mailing Address

PO Box 3273
Suite, Apt. #, etc.

City & State

Hypoluxo FL

City & State

Lantana FL

Zip

33465

Country

USA

Zip

33465

Country

USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-1047469

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PARKER, DOUG

301 GOLDEN ISLES DRIVE #103
HALLANDALE BEACH FL 33009

7. Name and Address of New Registered Agent

Name

Douglas Parker

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

103 Yacht Club Way # 307

City

Hypoluxo

FL

Zip Code

33465

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]

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

(NOTE: Registered Agent signature required when reinstating)

4-14-03

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

TITLE	D	<input type="checkbox"/> Delete
NAME	PARKER, DOUG	
STREET ADDRESS	301 GOLDEN ISLES DRIVE #103	
CITY-ST-ZIP	HALLANDALE BEACH FL 33009	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARKER, Douglas	
STREET ADDRESS	103 Yacht Club Way # 307	
CITY-ST-ZIP	Hypoluxo FL 33462	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-03

Date

954-344-7540

Daytime Phone #

CR2E034 (10/02)