2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 19, 2002 8:00 am Secretary of State **DOCUMENT #** P01000015202 1. Entity Name TROPICAL EXPRESSIONS GIFTS, INC. 05-19-2002 90167 028 ***155.00 Principal Place of Business Mailing Address 9161 BAYPOINTE DRIVE 9161 BAYPOINTE DRIVE ORLANDO FL 32819 ORLANDO FL 32819 2. Principal Place of Business Point Dr. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Num Applied For Not Applicable \$8.75 Additional Fee Required 6. Name and Address of Current Registered Agent 7.-Name and Address of New Registered Agent Name HARTMAN, JAMES A Street Address (P.O. Box Number is Not Acceptable) 9439 FOREST CITY ROAD **ALTAMONTE SPRINGS FL 32714** City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 \$5.00 May Be (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State Added to Fees 11, OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE D Delete TITLE ☐ Change CR2E034 (9/01) ☐ Addition OTTO, SARAH L NAME STREET ADDRESS 9161 BAYPOINTE DRIVE STREET ADDRESS CITY-ST-ZIF ORLANDO FL 32819 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE - 🗀 Delete TITLE . 🔲 Change ___ . 🗔 : Addition ... NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZIP ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME

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 eath; that I am an officer or director of the corporation or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 in the composition of the corporation of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 in the composition of the corporation of the corporation

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Attachment #P01000015202

964022

4/25/02

TROPICAL EXPRESSIONS GIFTS

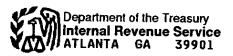
9161 BAY POINT DR., ORLANDO, FL 32819

Dept of State, Attached please find copy of UBR for 2002 J Wasn't sure if I heeded to enclose a checkdue to the first my Store is not open + Will not open at least Until 1/03. Last year my check was veturned but I thought you do now to pay the 150.00 to keep corporation nome_ Which I do.

Phone 407-876-6406

Fax 407-876-1684

35624 26



Date of this notice: Taxpayer Identifying Number Form: SEP. 3, 2001 59-3731166

Tax Period:

Affachment #P01000015202

For assistance you may call us at:

9 62 40 7:800-829-1040

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TROPICAL EXPRESSIONS GIFTS INC % SARAH L OTTO 9161 BAYPOINTE DR ORLANDO FL 32819-4804614

Or you may write to us at the address shown at the left. If you write, be sure to attach the bottom part of this notice.

NOTICE OF ACCEPTANCE AS AN S-CORPORATION

YOUR ELECTION TO BE TREATED AS AN S-CORPORATION WITH AN ACCOUNTING PERIOD OF DECEMBER IS ACCEPTED. THE ELECTION IS EFFECTIVE BEGINNING JAN. 1, 2002, SUBJECT TO VERIFICATION IF WE EXAMINE YOUR RETURN.

IF YOUR EFFECTIVE DATE IS NOT AS REQUESTED, IT WILL HAVE BEEN CHANGED FOR ONE OF TWO REASONS. EITHER YOUR ELECTION WAS MADE AFTER THE 15TH DAY OF THE THIRD MONTH OF THE TAX YEAR TO WHICH IT APPLIES, BUT BEFORE THE END OF THAT TAX YEAR, OR THE ELECTION WHEN SUBMITTED WAS INCOMPLETE, AND REQUESTED INFORMATION WAS RECEIVED AFTER THE FILING PERIOD. IN EITHER CASE, YOUR ELECTION IS INVALID FOR THE TAX YEAR REQUESTED AND HAS THEREFORE, BEEN TREATED AS THOUGH IT WERE MADE FOR THE NEXT TAX YEAR.

PLEASE KEEP THIS NOTICE IN YOUR PERMANENT RECORDS AS VERIFICATION OF YOUR ACCEPTANCE AS AN S-CORPORATION.

IF YOU HAVE ANY QUESTIONS ABOUT THIS NOTICE OR THE ACTIONS WE HAVE TAKEN, PLEASE WRITE TO US AT THE ADDRESS SHOWN ABOVE. IF YOU PREFER, YOU MAY CALL US AT THE IRS TELEPHONE NUMBER LISTED IN YOUR LOCAL DIRECTORY. AN EMPLOYEE THERE MAY BE ABLE TO HELP YOU HOWEVER, THE OFFICE AT THE ADDRESS SHOWN ON THIS NOTICE IS MOST FAMILIAR WITH YOUR CASE.

IF YOU WRITE TO US, PLEASE PROVIDE YOUR TELEPHONE NUMBER AND THE MOST CONVENIENT TIME FOR US TO CALL SO WE CAN CONTACT YOU TO RESOLVE YOUR INQUIRY. PLEASE RETURN THE BOTTOM PART OF THIS NOTICE TO HELP US IDENTIFY YOUR CASE.

THANK YOU FOR YOUR COOPERATION.

To make sure that IRS employees give courteous responses and	nd correct information to taxpayers, a second IRS employee sometimes listens in on
elephone calls. Keep this part for your records	Overlay 5 Form 8489 (Rev.8-91

Return this part to us with your check or inquiry

Your telephone number

Best time to call

200134

07953-626-95205-1

INTERNAL REVENUE SERVICE ATLANTA GA 39901

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